

### **ADOPTED**

BOARD OF SUPERVISORS COUNTY OF LOS ANGELES

23 JANUARY 19, 2010

Los Angeles County Board of Supervisors

Gloria Molina January 19, 2010

SACHI A. HAMAI
EXECUTIVE OFFICER

First District

Mark Ridlev-Thomas Second District

> Zev Yaroslavsky Third District

> > Don Knabe Fourth District

Michael D. Antonovich Fifth District The Honorable Board of Supervisors County of Los Angeles 383 Kenneth Hahn Hall of Administration 500 West Temple Street Los Angeles, California 90012

**Dear Supervisors:** 

John F. Schunhoff, Ph.D. Interim Director

Robert G. Splawn, M.D. Interim Chief Medical Officer

313 N. Figueroa Street, Suite 912 Los Angeles, CA 90012

> Tel: (213) 240-8101 Fax: (213) 481-0503

SUBJECT

www.dhs.lacounty.gov

To improve health

through leadership.

service and education.

Request acceptance of a grant award from First 5 LA, in the amount of \$300,000, for the High Desert Health System – Hub Clinic Oral Health Program.

APPROVAL TO ACCEPT GRANT AWARD FROM FIRST 5 LA AND

APPROVE AN APPROPRIATION ADJUSTMENT (SUPERVISORIAL DISTRICT 5)

(4 VOTES)

#### IT IS RECOMMENDED THAT YOUR BOARD:

- 1. Delegate authority to the Interim Director of Health Services, or his designee, to accept and sign attached Grant Agreement in the amount of \$300,000 from First 5 LA for a Hub Clinic Oral Health Program at High Desert Health System (HDHS), for a period of 18 months effective February 1, 2010 through July 31, 2011.
- 2. Approve the attached Request for Appropriation Adjustment to recognize \$300,000 in grant funding from First 5 LA in Fiscal Year (FY) 2009-10 and increase HDHS services and supplies appropriation by the same amount.



www.dhs.lacounty.gov

The Honorable Board of Supervisors 1/19/2010 Page 2

#### PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of the first recommendation will authorize the Interim Director, or his designee, to accept and sign the Grant Agreement, substantially similar to Exhibit I, from First 5 LA in the amount of \$300,000 in one-time grant funds. This will allow the Department of Health Services (DHS) to establish a pediatric dental clinic at HDHS to serve children referred from the HDHS Medical Hub clinic and other HDHS clinics. There are currently no dental services at this location. The First 5 LA grant funds will be used to purchase equipment and furniture for three dental operatories, a waiting area, office and reception area. Funds will also be used to purchase dental practice management and oral health education software and training, and for the start up costs for a contract with a dental provider.

Approval of the second recommendation is necessary to increase HDHS's services and supplies appropriation for the grant award.

Existing space limitations at HDHS also necessitates a request for your Board's consideration in a related Board letter to establish Capital Project (C.P.) No. 86993 for the HDHS – Hub Clinic Renovation Project, and to approve the total project budget of \$275,000, in conjunction with these recommendations for the acceptance of the First 5 LA grant award, in order to proceed with the implementation of the HDHS – Hub Clinic Oral Health Program.

#### <u>Implementation of Strategic Plan Goals</u>

The recommended actions support Goal 4, Health and Mental Health, of the County's Strategic Plan.

#### FISCAL IMPACT/FINANCING

The First 5 LA grant award is \$300,000 for HDHS. The Appropriation Adjustment will increase HDHS' Services and Supplies appropriation in the amount of \$300,000 for FY 2009-10 to be offset by this one-time only grant funding.

The HDHS Medical Hub will refer children in out-of-home placement to the HDHS – Hub Clinic Oral Health Program. Because foster children are automatically eligible for fee-for-service Medi-Cal, the vast majority of children referred from the HDHS Medical Hub will have a payer source. It is expected that the majority of children served from other HDHS clinics will also be eligible for Medi-Cal. Therefore, it is anticipated that the ongoing cost of providing the dental services will be revenue offset through Medi-Cal billings provided that the State will continue to cover the services as a Medi-Cal optional benefit.

#### FACTS AND PROVISIONS/LEGAL REQUIREMENTS

DHS operates Medical Hub clinics at Harbor-UCLA Medical Center, HDHS, LAC+USC Medical Center, Martin Luther King, Jr. - Multi-Service Ambulatory Care Center and Olive View – UCLA Medical Center. The Hub clinics provide comprehensive, specialized medical services for children

The Honorable Board of Supervisors 1/19/2010 Page 3

referred by the Department of Children and Family Services (DCFS). On April 22, 2008, your Board instructed the Chief Executive Officer, in consultation with the Directors of DCFS and DHS, to explore the feasibility of including dental examinations as part of the Medical Hub screening and assessment procedures for children in the child welfare system.

DHS submitted a proposal to First 5 LA's Oral Health and Nutrition Expansion and Enhancement Project and was informed in a letter dated April 15, 2009 that the Department was awarded a grant from First 5 LA in the amount of \$300,000.

First 5 LA grant funds are restricted to serving children ages 0-5, and the HDHS – Hub Clinic Oral Health Program is committed to providing 2,900 dental visits to 1,350 unduplicated children ages 0-5 for a period of 18 months, from February 1, 2010 to July 31, 2011. Children over age 5 and children referred from other HDHS clinics will be accommodated as clinic capacity permits.

The new dental clinic will be located in the Glenchur Building, which is space directly adjacent to the Medical Hub. The HDHS Hub Clinic Renovation Project will consist of installation of partitions to create sections for the provision of the three dental operatories, installation of supporting electrical and water utilities, and will provide offices and a sterile room. Existing space will be used in its current configuration to provide a waiting room and reception office.

The Department intends to return to your Board after completion of a Request for Information (RFI) and an associated competitive solicitation process to request approval of a dental contractor for the program and an additional appropriation adjustment associated with operation of the clinic.

The term of this grant is effective February 1, 2010 and expires on July 31, 2011. Payments will be based on the submission of monthly invoices for actual expenses incurred and paid. The Grant Agreement requires quarterly written progress reports submitted within 20 business days after the end of each quarter.

Attachment A is the Grant Management Statement for Grants of \$100,000 or more.

County Counsel has reviewed and approved the Grant Agreement, Exhibit I, as to form.

#### **CONTRACTING PROCESS**

Not applicable.

#### **IMPACT ON CURRENT SERVICES (OR PROJECTS)**

Approval of the recommended actions will allow DHS to provide dental services to children in the Antelope Valley served by the HDHS Medical Hub and other HDHS clinics.

The Honorable Board of Supervisors 1/19/2010 Page 4

Respectfully submitted,



JOHN F. SCHUNHOFF, Ph.D. Interim Director

JFS:adb

#### **Enclosures**

c: Chief Executive Office County Counsel Executive Office, Board of Supervisors Auditor-Controller

### Los Angeles County Chief Administrative Office Grant Management Statement for Grants Exceeding \$100,000

| <b>Department</b> : Health Service   | es (DHS)   |  |  |                    |         |   |
|--|--|--|--|--------------------|---------|---|
| Grant Project Title and Des  | scription  |  |  |                    |         |   |
| HIGH DESERT HEALTH SY that will allow the DHS to estachildren referred from the HD   | ablish a pediatric dental cl   | inic at High Desert H  | ealth Syste  | _                  |         |   |
| Funding Agency   | Program (Fed. Grant #/St   | ate Bill or Code #)  | Grant Aco  | rentance I         | )eadlin | P |
| First 5 LA   | Oral Health and Nutriti<br>Enhancement   | on Expansion and   |  | ASAP               | - Cuum  |   |
| Total Amount of Grant Fu   | nding: \$300,000   | County Ma  | ntch: None   |                    |         |   |
| Grant Period: 18 months  |  | <b>Begin Date</b> : 02/01/1  |  | <b>Date</b> : 07/3 | 1/11    |   |
| Number of Personnel Hire   | d Under This Grant:  | Full Time: 0   |  | Time:              | 0       |   |
|  | ations Imposed on the Co   | 1  |  |                    |         |   |
| Will all personnel hired for this program be informed this is a grant-funded program? Yes N/A No N/A   |  |  |  |                    |         |   |
| Will all personnel hired for this program be placed on temporary ("N") items?  Yes N/A No N/A  |  |  |  |                    |         |   |
| Is the County obligated to continue this program after the grant expires?  |  |  | Yes  | No X               | _       |   |
| If the County is not obligate Department will:   |  |  | res, the   |                    |         |   |
| a.) Absorb the program cos   | t without reducing other se  | ervices  |  | Yes X              | No      |   |
| b.) Identify other revenue sprimarily serve children in tautomatically eligible for fereferred from the HDHS Memajority of children served Cal. Therefore, it is anticipawill be revenue offset throughto cover the services as a Memajority of cover the services a | the child welfare system. In the child welfare system. It is e-for-service Medi-Cal, the edical Hub will have a pay from other HDHS clinics wated that the ongoing cost gh Medi-Cal billings provides. | Because foster childre<br>e vast majority of chi<br>er source. It is expec-<br>will also be eligible fo<br>of providing the dent | en are<br>ldren<br>ted that the<br>or Medi-<br>al services | Yes X              | No      | _ |
| c.) Eliminate or reduce, as a  | appropriate, positions/prog  | gram costs funded by   | the grant.   | Yes                | No X    |   |
| Impact of additional personnel on existing space:  |  |  |  |                    |         |   |
| The proposed dental clinic HDHS Hub Clinic. The spa available space in the main  | ace is currently occupied b  |  |  |                    |         |   |
| Other requirements not n   | nentioned above:   |  |  |                    |         |   |
| Department Head Signature_   |  |  | Dat  | e:                 |         |   |

#### **COUNTY OF LOS ANGELES**

#### REQUEST FOR APPROPRIATION ADJUSTMENT

DEPT'S. NO.

DEPARTMENT OF HEALTH SERVICES

January 7, 2010

AUDITOR-CONTROLLER:

THE FOLLOWING APPROPRIATION ADJUSTMENT IS DEEMED NECESSARY BY THIS DEPARTMENT. PLEASE CONFIRM THE ACCOUNTING ENTRIES AND AVAILABLE BALANCES AND FORWARD TO THE CHIEF EXECUTIVE OFFICER FOR HIS RECOMMENDATION OR ACTION.

#### ADJUSTMENT REQUESTED AND REASONS THEREFOR

**FY 2009-10** 4 - VOTES

#### SOURCES

USES

ValleyCare Network - High Desert Health System MN3-HO-60050-94-9711 \$300,000 Non-Recurring MISC Revenue Increase Revenue

ValleyCare Network - High Desert Health System MN3-HO-60050-2000 \$300,000 Services & Supplies Increase Appropriation

SOURCES TOTAL: \$ 300,000

USES TOTAL: \$ 300,000

M 1 M

#### **JUSTIFICATION**

Reflects an increase in grant revenue and Services and Supplies appropriation, in the amount of \$300,000, as a result of the acceptance of a First 5 LA grant award for the HDHS Hub Clinic Oral Health Program.

|  |                              | AUTHORIZED SIGNATURE Mela Guerrero, Controller |    |
|--|------------------------------|--|----|
| BOARD OF SUPERVISOR'S APPR                     | ROVAL (AS REQUESTED/REVISED) |  |    |
|  |                              |  |    |
| REFERRED TO THE CHIEF<br>EXECUTIVE OFFICER FOR | ACTION                       | APPROVED AS REVISED                            | 3  |
| AUDITOR-CONTROLLER  B.A. NO. 084               | Karen Shikure<br>Jan 7 2010  | CHIEF EXECUTIVE OFFICER BY 20                  | 10 |
|  | SEND 6 COPIES TO THE A       | UDITOR-CONTROLLER                              |    |

#### Exhibit I

### **CONTRACTOR**

# COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES

Contract No. <u>07445</u>

#### CONTRACT

This Contract, made and entered into on this \_\_\_\_\_\_\_\_, by and between the LOS ANGELES COUNTY CHILDREN AND FAMILIES FIRST - PROPOSITION 10 COMMISSION (aka FIRST 5 LA) whose address is 750 North Alameda Street, Third Floor, Los Angeles, California 90012, hereinafter referred to as the "COMMISSION" and the County of Los Angeles, Department of Health Services whose address is 313 North Figueroa Street, Room 912, Los Angeles, California 90012 hereinafter referred to as the "CONTRACTOR." All of CONTRACTOR'S activities and services to be provided hereunder will support the COMMISSION'S strategic plan efforts and will be coordinated and overseen by COMMISSION staff as designated below.

#### I. SCOPE OF WORK

The CONTRACTOR shall provide description of project, statement of purpose, timeline, schedule of activities, and deliverables as set forth and described in the Scope of Work, which is attached and incorporated as **Exhibit A**. CONTRACTOR is to execute the work in order to ensure that deliverables are met on time and on budget for the COMMISSION.

#### II. SCOPE OF ENGAGEMENT

Any services other than those noted in this Contract shall require a new COMMISSION-CONTRACTOR Contract. CONTRACTOR shall act at all times as an independent CONTRACTOR and this Contract shall not be deemed to create any form of partnership, joint venture or employment relationship between or among the COMMISSION and the CONTRACTOR, nor shall either party be in any way liable for any debt of the other. This Contract is non-assignable.

#### III. TERM OF CONTRACT

The term of this Contract will be <u>February 1, 2010</u> "**effective date**" through <u>May 31, 2011</u> "**termination date**" unless either party gives prior written notice of termination. This Contract shall expire without further notice on <u>July 31, 2011</u>.

#### IV. BUDGET

The Budget and Budget Narrative for the CONTRACTOR are attached as **Exhibit B** and form an integral part of this Contract.

The CONTRACTOR shall receive from the COMMISSION total compensation not to exceed **THREE HUNDRED THOUSAND DOLLLARS** (\$300,000) pursuant to the terms and conditions for payment set forth herein.

#### V. EXPENDITURES BY CONTRACTOR

- A. CONTRACTOR will advise COMMISSION and obtain written approval on ALL budget modifications PRIOR to incurring any costs.
- B. All CONTRACTOR expenditures shall be in accordance with the approved line item budget captions. However, CONTRACTOR may modify a portion of CONTRACTOR'S approved budget, if such budget line item is as follows and the COMMISSION has been advised in advance prior to the costs being incurred:
  - i. If the original line item is \$5,000 or less, CONTRACTOR can incur expenses pursuant to an informal modification, and shall submit a memorandum to COMMISSION explaining the modification along with the monthly invoice required by Section XIX.
  - ii. If the original line item is greater than \$5,000 dollars and the change is less than or equal to 10% of the original line item, CONTRACTOR can incur expenses pursuant to an informal modification, and shall submit a memorandum to COMMISSION explaining the modification along with the monthly invoice required by Section XIX.
  - iii. If the original line item is greater than \$5,000 dollars and the modification is greater than 10% of the line item, CONTRACTOR must obtain COMMISSION'S prior written approval through the COMMISSION'S formal budget modification procedure before incurring expenses pursuant to the modification.
- C. Formal budget modifications must be addressed and sent to the assigned Commission staff with the appropriate "Formal Budget Modification Summary" forms on or before the 1st of the month prior to the month in which the actual expenses will be incurred. Only one (1) formal budget modification can be approved during the term of the Agreement. Requests for formal budget modifications will not be accepted during the first two (2) months and last quarter of the term of this Agreement.
- D. Only two (2) informal budget modifications subject to Section V, Item B, subsections i and ii can be approved during the term of this Contract.
- E. Approval of any budget modification will be contingent on the timely review and submission of the required documentation by the CONTRACTOR.
- F. If there are any errors contained in any invoice submitted to COMMISSION, CONTRACTOR shall reflect the change in the most

- recent invoice submitted to COMMISSION, along with a note explaining the error.
- G. CONTRACTOR will advise COMMISSION and obtain written approval on ALL budget modifications PRIOR to incurring any costs.
- H. In the event COMMISSION reasonably believes CONTRACTOR has been overpaid, or in the event CONTRACTOR fails to timely submit the documents required pursuant to this Contract, COMMISSION may seek a financial accounting and avail itself of all legal remedies to seek compliance and the repayment of any amounts overpaid.
- I. All payments by COMMISSION to CONTRACTOR under this Agreement are restricted for use in the performance of CONTRACTOR'S approved Scope of Work set forth in Exhibit A, and shall be used only to supplement existing levels of service and not to fund existing levels of service.
- J. If applicable, any activities under the line item Capital Improvement/Renovations must be completed within the first year of the grant. Any adjustment must be submitted to the COMMISSION for approval. It shall be the sole responsibility of CONTRACTOR to comply with all applicable land use, permitting, environmental, contracting, and labor laws, including, without limitation, the California Public Contracts Code and the California Labor Code.
- K. Any purchases under the Equipment line item in Exhibit B must be completed in year one of the contract. Any exceptions will require prior notification by the CONTRACTOR to the COMMISSION and may be approved only at the discretion of the COMMISSION.
- L. Any expenses under Space and Telephone Line Items of the budget (Exhibit B) shall be calculated based on a standard formula which uses a reasonable allocation methodology. The formula used will be reviewed by the COMMISSION for final approval.
- M. In no event shall CONTRACTOR or its officers, employees, agents, subcontractors or assignees supplant state, county, local or other governmental General Fund money with COMMISSION funds for any purpose.
- N. If applicable, indirect costs are limited to ten (10) percent of the personnel costs excluding fringe benefits. Incurred indirect costs exceeding the ten percent will become the responsibility of the CONTRACTOR.

#### VI. EXHIBITS

Exhibits A through C, as described below, are attached to and form an integral part of this Contract and are hereby incorporated by reference. Exhibit D, and E, F, G, and H (as applicable) will be completed by the CONTRACTOR at later dates and forwarded to the COMMISSION on the designated due dates, as determined by the COMMISSION.

#### CONTRACT NUMBER: 07445

In the event of any conflict in the definition or interpretation of any word, responsibility, service, schedule, or contents of a deliverable product between the Contract and Exhibits, or among Exhibits, said conflict or inconsistency shall be resolved by giving precedence first to this Contract, and then to the Exhibits according to the following priority:

- Exhibit A SCOPE OF WORK; EVALUATION PLAN
- Exhibit B BUDGET FORMS
- Exhibit C ALL DOCUMENTS IN REQUIRED DOCUMENTS LIST
- Exhibit D INVOICE FORM
- Exhibit E QUARTERLY PROGRESS REPORTS (INCLUDING SUMMARY OF EVALUATION ACTIVITIES)
- Exhibit F DATA REPORT FORM (DUE BY END OF QUARTER 2 AND BY END OF PROJECT)
- Exhibit G SUMMARY OF QUARTERLY PROGRESS REPORTS BY END OF PROJECT

#### Exhibit H FINAL EVALUATION REPORT

This Contract and the Exhibits hereto, together with the CONTRACTOR'S proposal constitute the complete and exclusive statement of understanding between the parties that supersedes all previous Contracts, written or oral, and all other communications between the parties relating to the subject matter of this Contract. The Exhibits form an integral part of this Contract, and are hereby incorporated by reference. No amendment, promise, or Contract between the parties is valid unless the same is in writing executed by both parties.

#### VII. COMMISSION OBJECTIVES

#### **Mission Statement**

The mission of the COMMISSION is to make significant and measurable progress toward increasing the number of children from the prenatal stage through age 5 in Los Angeles County who are physically and emotionally healthy, safe and ready to learn when they reach school age.

#### Vision

The COMMISSION is committed to creating a future throughout Los Angeles' diverse communities where all young children are born healthy and raised in a loving and nurturing environment so that they grow up healthy, are eager to learn and reach their full potential.

#### Values

The COMMISSION intends to make its vision come true by shaping its efforts around five core values:

Families: We will acknowledge and amplify the voice of families so that they have the information, resources and opportunities to raise their children successfully

Communities: We will strengthen communities by enhancing their abilities to support families.

Results Focus: We will be accountable for defining results for young children and for our success in achieving them.

Learning: We will be open to new ideas and will modify our approaches based on what we learn.

Advocacy: We will use our unique role to build public support for policies and programs that benefit children prenatal through age 5 and their families.

#### Goals

The COMMISSION will accomplish its mission by partnering with communities and families in Los Angeles County to make measurable and significant progress in the three priority goal areas of Early Learning, Health, and Safe Children and Families, as outlined in the Strategic Plan.

#### VIII.AMENDMENTS

Any agreements which in any way change the terms of this Contract shall be valid only if the requested change is made in writing and approved by authorized representatives of the CONTRACTOR and the COMMISSION. Request for modifications will not be accepted during the first two (2) months of the Contract period; and not more than ONCE thereafter, with the exception of the last quarter when there shall be none. CONTRACTOR must submit the

written request one (1) month prior to the requested effective date of such modification.

Approval of any amendment will be contingent on the timely review and submission of the required documentation by the CONTRACTOR.

#### IX. INDEPENDENT CONTRACTOR

The COMMISSION shall not be responsible for withholding taxes with respect to the CONTRACTOR compensation hereunder. The CONTRACTOR shall have no claim against the COMMISSION hereunder or otherwise for vacation pay, sick leave, retirement benefits, social security, worker's compensation, health or disability benefits, unemployment insurance benefits, or employee benefits of any kind.

#### X. SUBCONTRACTORS

COMMISSION approves CONTRACTOR'S use of subcontractors to carry out its obligations under this Contract as specified in Exhibit A.

No performance of this Contract or any portion may be assigned by CONTRACTOR without the written consent of the COMMISSION. Any attempt by the CONTRACTOR to assign performance of any of the terms of this Contract, in whole or in part, without said consent shall be null and void and shall constitute a breach of the terms of this Contract. In the event of such a breach, this Contract may be terminated. CONTRACTOR shall submit a list of subcontractors to the COMMISSION for written approval prior to subcontractor performing any work hereunder.

A function proposed by CONTRACTOR may be carried out under subcontracts; however, CONTRACTOR may not delegate its duties or obligations, nor assign its rights hereunder, either in whole or in part, without the prior written consent of COMMISSION, or their designee. Any such attempt at delegation or assignment without prior written consent shall be void. Any change whatsoever in the corporate structure of CONTRACTOR, the governing body of CONTRACTOR, the management of CONTRACTOR, or the transfer of assets of CONTRACTOR shall be deemed an assignment of benefits under the terms of this Contract requiring COMMISSION approval. No subcontract shall alter in any way any legal responsibility of CONTRACTOR to COMMISSION.

CONTRACTOR must submit a copy of the memorandum of understanding for each subcontractor to the COMMISSION for prior review and approval.

#### XI. PROPRIETARY RIGHTS

CONTRACTOR agrees and acknowledges that its work pursuant to this Contract is, at COMMISSION'S direction, strictly limited to gathering data and other information regarding one or more of COMMISSION'S funding initiatives, evaluating the data and information, and reporting to COMMISSION its conclusions and recommendations arising out of that collection and evaluation process. In that regard, the following limitations shall apply to CONTRACTOR'S future use of data and information collected by CONTRACTOR during the course of its work for COMMISSION, in addition to any other conditions and limitations imposed by this Contract:

- A. All data and information collected by CONTRACTOR during the course of this project, in whatever form, shall be the sole property of the COMMISSION. CONTRACTOR shall maintain said data and information on behalf of the COMMISSION in form and substance consistent with accepted research practices throughout the course of this Contract. Research findings and results generated from the data may be used internally by the COMMISSION for planning purposes prior to publication by the CONTRACTOR. The COMMISSION will not disseminate any data beyond its internal staff without the consent of the CONTRACTOR.
- B. Both the CONTRACTOR and the COMMISSION shall implement and comply with adequate procedures to maintain the confidentiality of data and information collected pursuant to the Contract. Any raw data collected by the CONTRACTOR will be provided to the COMMISSION only after individual identifiers (with the exemption of zip codes) have been removed from the raw data. CONTRACTOR shall be responsible for complying with all applicable state and federal laws governing the gathering, use, and protection of personal information.
- C. For any data gathering, informed consents shall be obtained and the CONTRACTOR is responsible for fulfilling any requirements pertaining to and in compliance with HIPAA and an Institutional Review Board for Human Subjects Protection. Contractor must include the COMMISSION listed as "First 5 LA" in consent forms to notify participants that relevant data and information will be shared with the COMMISSION.
- D. At the conclusion of CONTRACTOR'S work, whether through expiration or termination of this Contract, CONTRACTOR shall promptly turn over to COMMISSION all data and information collected, along with all required reports in the following format: all original data and reports

must be submitted in hard copy and electronic format within 30 days after expiration or termination to <u>Evelyn V. Martinez</u>, Executive Director of the Los Angeles County Children and Families First - Proposition 10 Commission (aka First 5 LA) with copies sent to designated director.

- E. CONTRACTOR shall maintain notes, business records, and working papers on file for a period of not less than four (4) years following the termination or expiration of this Contract, and shall provide COMMISSION access to said records for inspection and copying upon seven (7) days written notice from COMMISSION. CONTRACTOR specifically agrees to comply with the California Public Records Act (Government Code Section 6250, et seq.) as directed or requested by COMMISSION.
- F. Any software or equipment developed by CONTRACTOR at COMMISSION'S direction and/or expense during the course of this Contract shall become the sole property of COMMISSION. COMMISSION shall have the right to consent to and participate financially in any licensing or sales Contract relating to such software or equipment.
- G. The timing, format, and manner of the dissemination of any data or information gathered pursuant to this Contract and any report of results, conclusions or recommendations prepared by CONTRACTOR shall be at the sole discretion of the COMMISSION. COMMISSION shall attribute the work to CONTRACTOR upon any such release.
- H. CONTRACTOR may not use the data and information collected pursuant to this Contract without the prior written consent of COMMISSION'S Executive Director or her designee. Such consent must be requested in writing, stating the specific purpose for which consent is being sought, not less than ten (10) working days in advance of any such use.
- I. If the CONTRACTOR uses any data from this project for a purpose that will result in profit or financial compensation to CONTRACTOR or any party related to CONTRACTOR, such fact must be disclosed in a written request for consent by CONTRACTOR and submitted to the COMMISSION. In such cases, COMMISSION shall have the right to enter into a royalty, licensing, or reimbursement Contract with CONTRACTOR, as appropriate, prior to giving its consent, to compensate or reimburse COMMISSION for the use of its data and information. COMMISSION shall not seek compensation or reimbursement for the permitted use of its data and information for purely academic or scientific purposes. In published material arising out of academic or scientific

activities, CONTRACTOR shall acknowledge the participation and funding with "Funded without endorsement, by First 5 LA" and shall provide the COMMISSION with two (2) copies of the published material.

- J. CONTRACTOR shall prominently display all First 5 LA supplied promotional materials, such as educational posters, banners, brochures and fliers at the project site(s). CONTRACTOR shall ensure that promotional materials, activities, and publications developed in support of the funded project shall conform to the formatting requirements outlined in the First 5 LA Style Guide which includes the appropriate display of the First 5 LA logo and the First 5 LA funding attribution.
- K. CONTRACTOR shall implement and comply with adequate procedures to maintain the confidentiality of data and information collected pursuant to this Contract.
- L. CONTRACTOR must maintain a record for each item of tangible real or personal property of a value in excess of five hundred dollars (\$500.00) acquired with First 5 LA funds pursuant to this Contract, which records shall include the model number, serial number, legal description (if applicable), cost, invoice or receipt, and date acquired.
- M. COMMISSION and CONTRACTOR agree that all personal property purchased with funds provided under this Contract shall become the property of the COMMISSION upon completion or termination of contract, unless otherwise determined by the COMMISSION.

This section is applicable to all subcontractors in the performance of their services under the Program.

#### XII. CONFLICT OF INTEREST

It shall be the responsibility of CONTRACTOR to abide by conflict of interest laws and regulations applicable to the CONTRACTOR under California law. CONTRACTOR acknowledges that he/she/it is acting as public official pursuant to this Contract and shall therefore avoid undertaking any activity or accepting any payment, employment or gift from any third party that could create a legal conflict of interest or the appearance of any such conflict. A conflict of interest exists when one has the opportunity to advance or protect one's own interest or private interest of others, with whom one has a relationship, in a way that is detrimental to the interest, or potentially harmful for the integrity or fundamental mission of the Commission. CONTRACTOR shall maintain the confidentiality of any confidential information obtained

from the COMMISSION during this Contract and shall not use such information for personal or commercial gain outside this Contract. By agreeing to this Contract and accepting financial compensation for services rendered hereunder, CONTRACTOR agrees that he/she/it may not subsequently solicit or accept employment or compensation under any program, grant or service that results from or arises out of the **Oral Health and Nutrition Expansion and Enhancement Project**. During the term of this Contract and for one year thereafter, CONTRACTOR shall not knowingly solicit or accept employment and/or compensation from any COMMISSION collaborator or CONTRACTOR without the prior written consent of the COMMISSION.

#### XIII.INFORMATION TECHNOLOGY REQUIREMENTS

CONTRACTOR will be responsible for coordinating with COMMISSION'S Information Technology (IT) Department regarding the design, development, structure and implementation of the IT components, including all databases, documents and spreadsheets, applicable to its program. The following IT specifications are to be applied, as appropriate, in relation to the scope of CONTRACTOR'S program:

- A. Hardware and Software compatibility with industry hardware, software, & security standards to allow adequate compatibility with the COMMISSION'S infrastructure.
- B. Open Data Base Connectivity (ODBC) compliant for data collection and dissemination purposes.
- C. Ability to collect information at the client-level, as necessary.
- D. Compatibility and ability to aggregate information in multiple ways: by initiatives, geographic boundaries, service types, program outcomes, and COMMISSION outcomes.
- E. Ability to export to and import the data collected.
- F. CONTRACTOR will be required to obtain a digital certificate to submit documentation to COMMISSION electronically for recording and processing by COMMISSION staff. Digital certificate must be obtained from approved Certificate Authority (CA) vendor providing a Public Key Infrastructure (PKI). Digital certificate must be maintained by CONTRACTOR throughout contract period.

CONTRACTOR will provide timely notification to the COMMISSION on any major problem(s) with the CONTRACTORS financial system or hardware or software that may impact the funded project under this Contract.

#### XIV. INSURANCE

Without limiting CONTRACTOR'S duty to indemnify COMMISSION during the term of this Contract, CONTRACTOR shall provide and maintain at its own expense the following programs of insurance throughout the term of this Contract. Such programs and evidence of insurance shall be issued by insurers admitted to conduct business in the State of California, with a minimum A.M. Best's rating of A: VII unless otherwise approved in writing as satisfactory to the COMMISSION. Certificates or other evidence of insurance coverage and copy(ies) of additional insured endorsement(s) and/or loss payee endorsement(s), as applicable, shall be delivered to COMMISSION at the address specified in Section XXIV prior to the commencement of work under this Contract. Each policy of insurance shall provide that coverage will not be materially modified, terminated, or non-renewed except after thirty (30) days prior written notice has been given to the COMMISSION.

Notwithstanding any other provisions of this Agreement, failure by CONTRACTOR to maintain the required insurance shall constitute a breach of this Contract and COMMISSION may immediately terminate or suspend this Contract as a result, or secure alternate insurance at CONTRACTOR'S expense. CONTRACTOR shall ensure that subcontractors comply with all insurance requirements described in this Section.

It is specifically agreed by the Parties that this Section XIII shall supersede all other sections and provisions of this Agreement to the extent that any other section or provision conflicts with or impairs this Section XIII. Nothing in this Contract is to be interpreted as limiting the application of insurance coverage as required herein. All insurance coverage and limits provided by CONTRACTOR and its subcontractors shall apply to the full extent of the available and applicable policies. Requirements of specific coverage features or limits contained in this Section are not intended as a limitation on coverage, limits, or other requirements, or a waiver of any coverage normally provided by any insurance policy. Specific reference to a given coverage feature is for purpose of clarification only and is not intended by any party to be all inclusive, or to the exclusion of any other coverage, or a waiver of any type.

CONTRACTOR'S liability insurance shall be primary and non-contributory. All coverage shall be provided on a "pay on behalf" basis, with defense costs payable in addition to policy limits. There shall be no cross liability exclusion on any policy.

"Los Angeles County Children and Families First – Proposition 10 Commission (or if abbreviated, LA Cty Prop 10 Commn.), its officers, agents, consultants and employees" are to be included as additional insured with regard to liability and defense of claims arising from the operations and uses performed by or on behalf of the CONTRACTOR.

CONTRACTOR and subcontractors shall provide policies of liability insurance of at least the following coverages and limits:

#### A. Commercial General Liability Insurance

Such insurance shall be written on a commercial general liability form with minimum limits of one million dollars (\$1,000,000) for each occurrence and two million dollars (\$2,000,000) in the aggregate. Coverage may be on an occurrence or claims-made basis. If written on a Claims Made form, the CONTRACTOR must purchase an extended two-year reporting period commencing upon termination or cancellation of the insurance policy.

#### B. Business Auto Liability

Primary coverage shall be provided on ISA Business Auto Coverage forms for all owned, non-owned, and hired vehicles with a combined single limit of not less than one million dollars (\$1,000,000) per accident. Automobile physical damage shall be required on an actual cash value basis for comprehensive and collision coverage with maximum deductibles of \$1,000 each accident for those vehicles funded by this Contract and for which the COMMISSION has an ownership interest. The COMMISSION shall be named as Loss Payee, as their interest may appear.

#### C. Workers Compensation Insurance

Such insurance shall be in an amount and form to meet all applicable requirements of the Labor Code of the State of California.

#### D. Professional Liability Insurance

Such insurance shall cover liability arising from any error, omission, or negligent or wrongful act of CONTRACTOR or its employees, with a limit of liability of not less than one million dollars (\$1,000,000) per medical incident for medical malpractice liability, or of not less than one million dollars (\$1,000,000) per occurrence for all other types of professional liability. Only CONTRACTORS, who have a professional liability exposure relating to the work performed for COMMISSION under the terms of this

contract, are required to provide evidence of Professional Liability coverage.

#### E. Property Insurance

Such insurance shall be required only in the event the Contract is providing funds for real property or personal property, including equipment and has an ownership interest in that property. Coverage on real and personal property shall be on a replacement cost basis, written on a Special Causes of Loss form including employee dishonesty coverage, with a deductible no greater than \$1,000 for each occurrence. COMMISSION shall be named as Loss Payee, as their interest may appear.

#### F. Crime Coverage Insurance

Such insurance shall be in the amount not less than twenty-five thousand dollars (\$25,000) covering against loss of money, securities, or other property referred to hereunder which may result from employee dishonesty, forgery or alteration, theft, disappearance and destruction, computer fraud, burglary and robbery.

#### Evidence of Self Insurance

Legally adequate evidence of self-insurance meeting the approval of the COMMISSION'S Legal Counsel may be substituted for any coverage required above. CONTRACTOR must submit a copy of the self-insured certificate issued by the State of California.

#### XV. LIABILITY AND INDEMNIFICATION

To the full extent permitted by law, CONTRACTOR shall defend, indemnify and hold harmless COMMISSION, its employees, agents and officials, from any liability, claims, suits, actions, arbitration proceedings, administrative proceedings, regulatory proceedings, losses, expenses or costs of any kind, whether actual, alleged or threatened, actual attorney fees incurred by CONTRACTOR, court costs, interest, defense costs including expert witness fees and any other costs or expenses of any kind whatsoever incurred in relation to, as a consequence of or arising out of or in any way attributable in whole or in part to CONTRACTOR'S performance of this Contract including, without limitation, matters of active or passive negligence on the part of the COMMISSION. This duty to indemnify and defend shall not extend to such losses, actions, or damages arising out of or caused by COMMISSION'S sole negligence as determined by a court of competent jurisdiction.

#### XVI. ACCOUNTABILITY

- A. The CONTRACTOR will work under the direction of Evelvn V. Martinez. Executive Director of Los Angeles County Children and Families First – Proposition Commission (aka First 5 LA) and/or 10 director(s) Planning and Development. departmental ofManagement, Contracts/Legal Compliance, Finance, Public Affairs, and/or Research and Evaluation to ensure appropriate documents and activities are in compliance. The CONTRACTOR shall copy all communications to designated director(s) and will deliver routine updates and check-ins including quarterly progress reports (Exhibit E), data report forms (Exhibit F), summary of quarterly progress reports (Exhibit G), and final evaluation report (Exhibit H) over the course of this Contract period.
- B. The COMMISSION will make relevant, non-confidential and non-privileged information available and accessible to the CONTRACTOR in order to successfully complete the project.
- C. The CONTRACTOR will deliver all work and final products on time and on budget unless otherwise agreed upon in writing and in advance by COMMISSION and CONTRACTOR, with the highest degree of quality and service to the COMMISSION.
- D. Both CONTRACTOR and COMMISSION will conduct themselves and their work in an ethical manner with high integrity and respect for the individuals involved in this process.
- E. COMMISSION reserves the right to modify this CONTRACT and the programs and services provided by CONTRACTOR pursuant to this Contract based on the results of its evaluation(s) and review(s). In addition, COMMISSION may use the results of such evaluation(s) and review(s) in decisions regarding possible future funding, extension, or renewal of CONTRACTOR'S program and service. The evaluation(s) shall include, but are not limited to, Contract compliance and the effectiveness of program planning and implementation. COMMISSION at its sole discretion will conduct on-going assessments of the program and reserves the right to convert this Contract to a performance-based contract at any time throughout its duration, if COMMISSION deems it necessary for the attainment of the program/project deliverables and required results.
- F. CONTRACTOR is required to comply with Section 3410 of the Public Contracts Code which requires preference to United States-grown produce

- and United States-processed foods when there is a choice and it is economically feasible to do so.
- G. CONTRACTOR is required to comply with Chapter 3.5 Section 22150 Part 3 Division 2 of the Public Contracts Code which required the purchase of recycled products, instead of non-recycled products, whenever recycled products are available at the same or lesser total cost than non-recycled items. CONTRACTOR may give preference to suppliers of recycled products and may define the amount of this preference.
- H. CONTRACTOR is responsible for providing timely notification to the COMMISSION on any major changes to CONTRACTOR'S financial system that may impact the funded project or service under this Contract
- I. Any change whatsoever in the corporate structure of CONTRACTOR, the governing body of CONTRACTOR, the management of CONTRACTOR, or the transfer of assets of CONTRACTOR shall be deemed an assignment of benefits under the terms of this Contract requiring COMMISSION approval.
- J. CONTRACTOR is responsible for the timely notification to the COMMISSION on any material changes in the CONTRACTOR'S primary funding sources or overall organization funding that may impact the CONTRACTOR'S accountability on the funded project under this Contract.
- K. The CONTRACTOR shall not provide technical assistance to any grantee, agency, and/or collaborators with which the CONTRACTOR has a prior or existing business relationship as outlined in Section XII.

#### XVII. INTERPRETATION AND JURISDICTION

This Contract shall be interpreted pursuant to the laws of the State of California. CONTRACTOR expressly agrees that the jurisdiction and venue for any litigation or arbitration brought to enforce any term of this Contract shall be in state court in Los Angeles County, California, and CONTRACTOR hereby consents to such jurisdiction and venue.

#### XVIII. COMPLIANCE WITH APPLICABLE LAWS

CONTRACTOR shall conform to and abide by all Municipal, County, State of California and Federal laws and regulations, and ordinances licensing and accrediting authorities, insofar as the same or any of them are applicable. This includes standards of professional ethics governing the use of assessment tools, the provision of services via the Internet and telephone, and the dissemination of information and educational materials.

#### XIX. PAYMENTS TERMS

All checks are to be made out to COUNTY OF LOS ANGELES DEPARTMENT **OF HEALTH SERVICES**. Monthly invoices based on expenses already incurred and paid by the CONTRACTOR (hereafter referred to as "actual expenses") are to be submitted by the CONTRACTOR to the COMMISSION by the 20th business day of each month and must be addressed to the attention of Evelyn V. Martinez, Executive Director of the Los Angeles County Children and Families First Proposition 10 Commission (aka First 5 LA). Within ten (10) business days following COMMISSION'S receipt of a properly completed invoice, COMMISSION shall notify CONTRACTOR in writing of any disputed amounts included on the invoice. COMMISSION CONTRACTOR all undisputed amounts included on the invoice within thirty (30) calendar days of receipt of the invoice. All invoices submitted on or before the 20th business day of the month, will be processed in manner outlined above. LATE INVOICES WILL BE PROCESSED IN THE SUBSEQUENT MONTH FROM DATE OF RECEIPT. Final payment will be made based on successful completion of the Contract and reports have been submitted to the COMMISSION. If CONTRACTOR does not comply with the timeframe set forth in this Section XVIII, CONTRACTOR will be considered out of compliance and may be subject to sanctions including but not limited to a penalty not to exceed five percent (5%) of each outstanding invoice.

### XX. LIMITATION OF COMMISSION OBLIGATIONS DUE TO LACK OF FUNDS

COMMISSION'S payment obligations pursuant to this Contract are payable solely from funds appropriated by COMMISSION for the purpose of this Contract. CONTRACTOR shall have no recourse to any other funds allocated to or by COMMISSION. CONTRACTOR acknowledges that the funding for this Contract is limited to the term of the Contract only, with no future funding promised or guaranteed.

The COMMISSION and the CONTRACTOR expressly agree that full funding for the Contract over the entire Term of Contract is contingent on the continuing collection of tax revenues pursuant to Proposition 10 and the continuing allocation of Los Angeles County's share of those revenues to the COMMISSION. In the event of any repeal, amendment, interpretation, or invalidation of any provision of Proposition 10 that has the effect of reducing or eliminating the COMMISSION'S receipt of Proposition 10 tax revenues, or any other unexpected material decline in the COMMISSION'S revenues, the COMMISSION may reduce or eliminate funding for current or subsequent Contract years at a level that is generally proportionate to the reduction.

#### XXI. TERMINATION OF SERVICES

Either party may terminate this Contract after providing ten (10) days written notice to the other party at the address first set forth above. When CONTRACTOR'S services conclude, all unpaid fees and expenses become due and payable. Upon such termination, only those documented, earned and unpaid fees and expenses earned by CONTRACTOR prior to such termination pursuant to the budget attached hereto as Exhibit B shall become due and payable. Any amount paid in advance to CONTRACTOR and not yet earned shall be refunded to COMMISSION within thirty (30) calendar days of termination.

In the event, either party has violated any significant terms or conditions of this Contract and/or committed an act or offense which indicates a lack of business integrity or business dishonesty, the COMMISSION and/or CONTRACTOR shall immediately terminate this Contract.

#### XXII. ENTIRE UNDERSTANDING

This document and the Exhibits which are hereby incorporated and referenced constitute the entire understanding and agreement of the parties, and any and all prior agreements, contracts, understandings, and representations are hereby terminated and cancelled in their entirety and are of no further force or effect. The provisions of this Contract shall govern over any inconsistent provisions contained in any exhibit hereto.

#### XXIII. ATTORNEY FEES

The prevailing party in any legal action brought due to a material breach by the other, or to enforce the terms of this Contract, shall be entitled to recover its costs of suit including, without limitation, reasonable attorneys fees.

CONTRACT NUMBER: 07445

#### XXIV. RECORDS AND AUDITS

COMMISSION reserves the right at any time during CONTRACTOR business hours at its discretion and upon reasonable notice to audit, examine records and require supporting documentation such as employee timesheets and invoices, to substantiate CONTRACTOR reported expenses and basic service level estimates of work completed.

#### XXV. NOTICES

Any notices, reports, or invoices required by this Contract shall be deemed received on: (a) the day of delivery if delivered by hand or overnight courier service during CONTRACTOR'S and COMMISSION'S regular business hours or by facsimile before or during CONTRACTOR'S regular business hours; or (b) on the third business day following deposit in the United States mail, postage prepaid, addressed as set forth below, or to such other addresses as the Parties may, from time to time, designate in writing.

#### Notices to CONTRACTOR

Notices will be sent to CONTRACTOR addressed as follows:

| Primary Contact Person | Telephone | E-mail |  |
|------------------------|-----------|--------|--|
|                        |           |        |  |
| Fiscal Contact Person  | Telephone | E-mail |  |
|                        |           |        |  |
| CONTRACTOR Name        |           |        |  |
|                        |           |        |  |
| CONTRACTOR Address     |           |        |  |

#### Notices to COMMISSION

Notices sent to COMMISSION shall be addressed as follows:

FIRST 5 LA

Attention: Evelyn V. Martinez, Executive Director 750 North Alameda Street, Suite 300 Los Angeles, California 90012

CONTRACT NUMBER: 07445

With a copy of any Contract changes or amendments to:

Craig A. Steele Richards, Watson & Gershon 355 S. Grand Avenue, 40<sup>th</sup> Floor Los Angeles, California 90071

#### Notice of Delays

When either party has knowledge that any actual or potential situation is delaying or threatens to delay the timely performance of any provisions of this Contract, that party shall, within three (3) business days, give written notice, including relevant information, to the other party.

[SIGNATURES BEGIN ON FOLLOWING PAGE]

#### XXVI. SIGNATURES

In WITNESS WHEREOF, this Contract has been executed as of the date set forth above by the respective duly authorized signatories below.

| CONTRACTOR Agreed & Accepted   |      |  |
|--|------|--|
| 8  |      |  |
|  |      |  |
|  |      |  |
| John F. Schunhoff, Ph.D., Interim Director   | Date |  |
| Los Angeles County Department of Health Services   |      |  |
| Department of Health Services  |      |  |
| COMMISSION   |      |  |
| Approved as to form:   |      |  |
|  |      |  |
|  |      |  |
| Craig A. Steele  | Date |  |
| Legal Counsel  |      |  |
| Agrand & Agantad:  |      |  |
| Agreed & Accepted:   |      |  |
|  |      |  |
|  |      |  |
| Evelyn V. Martinez, Executive Director<br>Los Angeles County Children and Families First | Date |  |
| Proposition 10 Commission (aka First 5 LA)   |      |  |
|  |      |  |



Contract Number: **07445** Contract Period: **2/1/10 – 7/3012011** 

Agency Name: Los Angeles County – Department of Health Services Revision Date:

(Office Use Only)

Report Period:

Project Name: High Desert Health System Oral Health Project

Project Length: 18 Months (2/1/10 – 7/31/11) Submission Date:

| Objectives  | Activities and Subtasks  | Staff Assignment  | Timeline                       | Deliverables  |
|---|--|---|--------------------------------|---|
| Include who, what, when, where, how and how much for each objective.  | Indicate the activities and subtasks leading to the fulfillment of the objective. Include benchmarks or milestones in chronological order. Include the appropriate quantity or frequency of the associated activities or subtasks. | Indicate staff, consultants or subcontractors responsible for the respective activity or subtask.     | Indicate start and end period. | Indicate Date Due.  |
| By TBD, High Desert Health System (HDHS) will complete the preparation of space to house the new children's dental clinic.  (For progress report only)  Objective status:  IN-PROCESS | Complete remodeling of the dental clinic space.  Progress:   | HDHS Assistant Administrator. DHS Director of Planning and Program Oversight HDHS Facilities Director | TBD                            | 1.1. TBD: Confirmation of substantial completion of remodeling; space ready for furniture and equipment installation. |
| Objective status:   |  |   |                                |   |



|  | EARIBIT A - SCOPE OF WORK  |   |                                |  |  |
|--|--|---|--------------------------------|--|--|
| Objectives   | Activities and Subtasks  | Staff Assignment  | Timeline                       | Deliverables   |  |
| Include who, what, when, where, how and how much for each objective. | Indicate the activities and subtasks leading to the fulfillment of the objective. Include benchmarks or milestones in chronological order. Include the appropriate quantity or frequency of the associated activities or subtasks. | Indicate staff, consultants or subcontractors responsible for the respective activity or subtask. | Indicate start and end period. | Indicate Date Due.   |  |
|  | 1.2 Plan, procure, and install equipment for the new dental program.   |   |                                |  |  |
|  | Finalize proposed dental equipment plan.   | Equipment vendor HDHS Assistant Administrator DHS Project Architect HDHS Project Coordinator      | TBD                            | 1.2.a. TBD<br>Proposed equipment<br>plan   |  |
|  | <ul> <li>Review of proposed dental equipment<br/>plan by MLK MACC and Harbor-UCLA<br/>Dental Clinic staff and incorporation of<br/>recommendations.</li> </ul>   | HDHS Project Coordinator<br>Equipment Vendor  |                                | 1.2.b. TBD<br>Revised equipment plan.  |  |
|  | c. Review of revised dental equipment plan by First 5 LA.  | HDHS Assistant Administrator  |                                | 1.2.c. TBD: Revised equipment plan, incorporating First 5 LA input.                        |  |
|  | Review of final dental equipment plan and final negotiations with dental equipment vendor.   | HDHS Project coordinator<br>HDHS Materials Manager<br>ISD purchasing agent                        |                                | 1.2.d TBD : Final equipment plan.  |  |
|  | e. Approval of final dental equipment plan by First 5 LA   | HDHS Assistant Administrator  |                                | 1.2.e. TBD : First 5 LA approval of final equipment plan                                   |  |
|  | f. Procure dental equipment.   | HDHS Project coordinator<br>HDHS Materials Manager<br>ISD purchasing agent                        |                                | 12.f. TBD : Equipment procurement status report.   |  |
|  | g. Install dental equipment and obtain any necessary regulatory approvals.  Progress:  | Dental equipment vendor(s)  |                                | 1.2. g. TBD: Confirmation of equipment installation and any required regulatory approvals. |  |



| EXHIBIT A - GOOT E OF WORK   |  |  |                                |   |
|--|--|--|--------------------------------|---|
| Objectives   | Activities and Subtasks  | Staff Assignment   | Timeline                       | Deliverables  |
| Include who, what, when, where, how and how much for each objective. | Indicate the activities and subtasks leading to the fulfillment of the objective. Include benchmarks or milestones in chronological order. Include the appropriate quantity or frequency of the associated activities or subtasks.   | Indicate staff, consultants or subcontractors responsible for the respective activity or subtask.                                    | Indicate start and end period. | Indicate Date Due.  |
|  | <ul> <li>1.3 Plan, procure, and install furniture for the new dental program.</li> <li>a. Develop proposed furniture plan (waiting room, dentist's office, reception area).</li> <li>b. Review of proposed furniture plan by First 5 LA and revision of the plan, as necessary for final approval</li> </ul> | Furniture vendor HDHS Assistant Administrator Project Coordinator HDHS Project Coordinator   | TBD                            | 1.3.a. 11/15/09: Final furniture plan, including layouts. 1.3.b. 11/30/09: Final approval of furniture plan by First 5 LA           |
|  | c. Procure furniture.  | HDHS Project Coordinator<br>HDHS Materials Manager   |                                | 1.3.c. 2/28/10:<br>Furniture procurement<br>status report.  |
|  | d. Install furniture  Progress:  | Furniture vendor.  |                                | 1.3.d. 4/30/10:<br>Confirmation of furniture<br>installation.   |
|  | Plan, select, procure and install all telephone and computer systems and hardware.   |  |                                |   |
|  | Plan, select, procure and install all telephone systems and computer hardware.   | HDHS Communications Coordinator Internal Services Department Communications. HDHS Project Coordinator HDHS Chief Information Officer | TBD                            | 1.4.a. 4/30/10: Confirm telephone service, installation of computer devices, and procurement and installation of computer hardware. |
|  | <ul> <li>Assess alternatives and recommend<br/>proposed dental practice management<br/>system.</li> </ul>  | HDHS Project Coordinator<br>HDHS Assistant Administrator<br>HDHS Chief Information Officer   |                                | 1.4.b.11/30/09: Rationale for recommended dental practice management  |



|   | LAIIIDII A -   | JOOI L OI WORK  |                                |  |
|---|--|---|--------------------------------|--|
| Objectives  | Activities and Subtasks  | Staff Assignment  | Timeline                       | Deliverables   |
| Include who, what, when, where, how and how much for each objective.  | Indicate the activities and subtasks leading to the fulfillment of the objective. Include benchmarks or milestones in chronological order. Include the appropriate quantity or frequency of the associated activities or subtasks. | Indicate staff, consultants or subcontractors responsible for the respective activity or subtask. | Indicate start and end period. | Indicate Date Due.   |
|   |  |   |                                | system.  |
|   | Review recommended practice management system with First 5 LA and obtain approval of selected system.  | HDHS Assistant Administrator  |                                | 1.4.c. 12/31/09:<br>Approval of proposed<br>system by First 5 LA   |
|   | d. Procurement, installation and training for practice management system.  Progress:   | HDHS Project Coordinator<br>HDHS Chief Information Officer<br>System Vendor                       |                                | 1.4.d. 12/31/09:<br>Confirmation that system<br>has been procured and<br>installed, and training<br>has been provided. |
|   | Obtain licensing and/or other regulatory agency approvals, as necessary.      Progress:  | HDHS Project Coordinator<br>HDHS Assistant Administrator  | TBD                            | 1.5. 4/30/10: Documentation of licensing and other regulatory agency approvals.  |
| 2. By November 30, 2009, DHS will develop and implement an  | Selection of contractor and execution of contract.   |   |                                |  |
| agreement with a dental contractor to staff and operate the new children's dental clinic.  (For progress report only) | a. Complete pre-contract solicitation Letter of Interest (LOI) Process.  | DHS Contracts and Grants<br>HDHS Assistant Administrator  | TBD                            | 2.1.a. 11/15/09: LOI results – list of interested and qualified potential contractors.                                 |
| Objective status: ☐ IN-PROCESS ☐ COMPLETE   | b. Prepare solicitation document.  | DHS Contracts and Grants  |                                | 2.1.b. 11/30/09: Final solicitation document   |
| DELAYED   | c. Distribute solicitation document  | DHS Contracts and Grants  |                                | 2.1.c. 11/30/09:<br>Release of final<br>solicitation document.   |
|   | d. Proposals due.  | DHS Contracts and Grants  |                                | 2.1.d. 1/9/10:<br>Solicitation document<br>responses.  |



|  | <u> </u>   | OCCI L OI WORK   |                                |   |
|--|--|--|--------------------------------|---|
| Objectives   | Activities and Subtasks  | Staff Assignment   | Timeline                       | Deliverables  |
| Include who, what, when, where, how and how much for each objective.   | Indicate the activities and subtasks leading to the fulfillment of the objective. Include benchmarks or milestones in chronological order. Include the appropriate quantity or frequency of the associated activities or subtasks. | Indicate staff, consultants or subcontractors responsible for the respective activity or subtask.                  | Indicate start and end period. | Indicate Date Due.  |
|  | Proposal evaluation and selection of recommended contractor.   | DHS Contract review panel  |                                | 2.1.e. TBD : Contractor recommendation.                                   |
|  | f. DHS approval of contractor recommendation.  | Director of Health Services  |                                | 2.1.f. TBD : DHS approval of contractor.                                  |
|  | g. Preparation of contract and Board<br>Letter for contractor approval.  | DHS Contracts and Grants   |                                | 2.1.g TBD : Board letter and draft contract.                              |
|  | h. Board of Supervisors approval of contract.  | LAC Board of Supervisors   |                                | 2.1.h. TBD : Approval of Board Letter.                                    |
|  | i. Execution of contract.  | DHS Contracts and Grants   |                                | 2.1.i. TBD : Signed contract.   |
|  | Progress:  |  |                                | 2.1.k. TBD : Summary of lessons learned from contractor selection process |
| 3. By October 31, 2009, DHS will finalize and obtain approval of the operating budget for the new dental clinic. | 3.1. Develop operating budget request, identifying all expenses and anticipated revenue, and obtain DHS approval.  Progress:   | HDHS Assistant Administrator<br>HDHS Chief Financial Officer<br>DHS Director of Planning and<br>Program Oversight. | TBD                            | 3.1. TBD : Final operating budget request.                                |
| Objective status: ☐ IN-PROCESS ☐ COMPLETE ☐ DELAYED  |  |  |                                |   |
|  | 3.2. Obtain Chief Executive Office and Board of Supervisor Approval for program operating budget.  |  |                                |   |
|  | Prepare Board Letter requesting budget adjustment.   | HDHS Chief Financial Officer<br>DHS Director of Planning and   | TBD                            | 3.2.1a. TBD : Draft<br>Board Letter.                                      |



| EXHIBIT A - SCOPE OF WORK   |  |  |                                |   |  |  |
|---|--|--|--------------------------------|---|--|--|
| Objectives  | Activities and Subtasks  | Staff Assignment   | Timeline                       | Deliverables  |  |  |
| Include who, what, when, where, how and how much for each objective.                                  | Indicate the activities and subtasks leading to the fulfillment of the objective. Include benchmarks or milestones in chronological order. Include the appropriate quantity or frequency of the associated activities or subtasks. | Indicate staff, consultants or subcontractors responsible for the respective activity or subtask.  | Indicate start and end period. | Indicate Date Due.  |  |  |
|   | <ul> <li>b. Obtain CEO approval for budget adjustment.</li> <li>c. Obtain Board approval for budget adjustment.</li> </ul> Progress:   | Program Oversight. DHS Chief Financial Officer HDHS Chief Financial Officer DHS Director of Planning and Program Oversight. DHS Chief Financial Officer  DHS Director of Planning and Program Oversight. DHS Chief Financial Officer | TBD                            | 3.2.b TBD : Final Board Letter.  3.2.c. TBD : Approval of Budget Adjustment.                                  |  |  |
| 4. By January 1, 2010, HDHS will open the new children's dental clinic.  Objective status: IN-PROCESS | Develop operational policies and procedures.      Obtain dental policies and procedures from other DHS dental clinics.      Develop and or adapt policies and  | HDHS Project Coordinator   | TBD                            | 4.1.a. TBD: Copies of policies and procedures from other DHS dental programs.  4.1.b. TBD: Draft              |  |  |
| ☐ COMPLETE ☐ DELAYED  | b. Develop and or adapt policies and procedures for use at HDHS.      c. Approve dental policies and procedures by the HDHS Clinical Executive committee.      Progress:   | HDHS Project Coordinator Dental Contractor  HDHS Assistant Administrator HDHS Clinical Executive Committee   |                                | 4.1.b. TBD: Draft HDHS dental policies and procedures.  4.1.c TBD: Final HDHS dental policies and procedures. |  |  |
|   | 4.2 Credential dental clinic providers.  |  |                                |   |  |  |



|  | ·  | SCOPE OF WORK   |                                |  |
|--|--|---|--------------------------------|--|
| Objectives   | Activities and Subtasks  | Staff Assignment  | Timeline                       | Deliverables   |
| Include who, what, when, where, how and how much for each objective.   | Indicate the activities and subtasks leading to the fulfillment of the objective. Include benchmarks or milestones in chronological order. Include the appropriate quantity or frequency of the associated activities or subtasks. | Indicate staff, consultants or subcontractors responsible for the respective activity or subtask.               | Indicate start and end period. | Indicate Date Due.   |
|  | a. Develop privilege forms for dentists.   | HDHS Medical Director   | TBD                            | 4.2.a. TBD : Final dental privilege forms.   |
|  | b. Complete credentialing of all contractor dentists.  Progress:   | HDHS Medical Director HDHS Dental Contractor HDHS Professional Staff Assessment and Credentialing Committee.    |                                | 4.2.b. TBD : Approval of privileges.   |
|  | 4.3 Development of referral protocols and  |   |                                |  |
|  | procedures.  a. Develop referral protocols for the referral of children ages 0 – 5 into the dental clinic from the HDHS Medical Hub, HDHS Pediatrics Clinic, and HDHS health centers.  | HSHS Project Coordinator<br>Dental Contractor   | TBD                            | 4.3.a. TBD : Referral protocols.   |
|  | b. Develop referral procedures for the referral of children needing specialized dental services beyond the scope of the HDHS Dental Clinic to other dental specialists.  | HDHS Project Coordinator<br>Dental Contractor   |                                | 4.3.b. TBD : Referral procedures.  |
|  | Progress:  |   |                                |  |
| 5. Increase from baseline the percent of children 0 through 5 years of age who have access to oral health care resources (referral to and establishment of dental home). | 5.1 Refer children ages 0-5 receiving services at the HDHS Medical Hub, HDHS Pediatrics Clinic and HDHS health centers to the HDHS Dental Clinic for preventive and/or therapeutic oral health services, as appropriate.           | HDHS Medical Hub, Pediatrics<br>Clinic and health center staff<br>HDHS Project Coordinator<br>Dental Contractor | TBD                            | 5.1. 5 TBD: Monthly referral summary reports (due quarterly, by the 20 <sup>th</sup> business day after the close of each quarter) |
| Objective status:  | Progress:  |   |                                |  |



|  | ·  | SCOPE OF WORK   |                                |   |
|--|--|---|--------------------------------|---|
| Objectives   | Activities and Subtasks  | Staff Assignment  | Timeline                       | Deliverables  |
| Include who, what, when, where, how and how much for each objective. | Indicate the activities and subtasks leading to the fulfillment of the objective. Include benchmarks or milestones in chronological order. Include the appropriate quantity or frequency of the associated activities or subtasks.   | Indicate staff, consultants or subcontractors responsible for the respective activity or subtask. | Indicate start and end period. | Indicate Date Due.  |
| ☐ COMPLETE ☐ DELAYED   |  |   |                                |   |
|  | <ul> <li>5.2 Serve as a dental home for dental clinic patients ages 0-5.</li> <li>a. Develop individualized plans for treatment of identified dental disease, preventive care, and ongoing dental care and follow up.</li> <li>b. Schedule a minimum of two visits per year for children with routine dental needs.</li> </ul> Progress: | Dental Contractor  Dental Contractor  | TBD                            | 5.2.a. TBD: Documentation in patient chart.  5.2.b. TBD: Documentation in patient chart.  Number of visits scheduled per patient included in monthly workload report (due quarterly, by the 20 <sup>th</sup> business day after the |
|  | 5.3 Develop and administer surveys to measure changes in access.   |   | TBD                            | close of each quarter).   |
|  | Administer baseline parent/guardian survey in the HDHS Medical Hub 3 months prior to dental clinic opening and quarterly for the first year after dental clinic opening.   | HDHS Project Coordinator<br>HDHS Medical Hub staff  |                                | 5.3.a. TBD : Baseline survey report.  Quarterly survey reports (due quarterly, by the 20 <sup>th</sup> business day after the close of each quarter).   |



|   | <del>-</del>   | JOOI L OI WORK  |                                |  |
|---|--|---|--------------------------------|--|
| Objectives  | Activities and Subtasks  | Staff Assignment  | Timeline                       | Deliverables   |
| Include who, what, when, where, how and how much for each objective.  | Indicate the activities and subtasks leading to the fulfillment of the objective. Include benchmarks or milestones in chronological order. Include the appropriate quantity or frequency of the associated activities or subtasks. | Indicate staff, consultants or subcontractors responsible for the respective activity or subtask. | Indicate start and end period. | Indicate Date Due.   |
|   | b. Administer intake survey for parents/guardians of all new children's dental clinic patients for the first year of operation.      Progress:   | HDHS Project Coordinator<br>Dental Contractor   |                                | 5.2.b. Quarterly survey reports (due quarterly, by the 20 <sup>th</sup> business day after the close of each quarter). |
| 6. By December 31, 2010, the  | 6.1. Finalize scope of services  |   | TBD                            |  |
| HDHS Children's Dental Clinic<br>will provide 2,900 dental visits to<br>1,350 children ages 0-5 to<br>increase from baseline the  | a. Develop written scope of services.  | Dental Contractor<br>HDHS Project Coordinator   |                                | 6.1.a TBD : Written scope of services.   |
| percent of children 0 through 5 years of age who receive preventive dental services (including dental examination, prophylaxis, fluoride varnishes, and sealants as appropriate). | b. Develop list of facilities and agencies for the referral of children requiring specialty services not available at the HDHS Children's Dental clinic.  Progress:  | Dental Contractor<br>HDHS Project Coordinator   |                                | 6.1.b. TBD : List of facilities and agencies for specialty referrals.  |
| Objective status:  IN-PROCESS COMPLETE DELAYED  |  |   |                                |  |
|   | 6.2 Provide age-appropriate dental care to children referred for services.   |   | TBD                            |  |
|   | Perform a comprehensive dental examination and consultation for each child.  | Dental Contractor   |                                | 6.2.a-b. TBD :<br>Documentation in patient<br>chart.   |
|   | <ul> <li>Provide preventive services as<br/>needed, including prophylaxis, fluoride<br/>varnish, and occlusal sealants as<br/>appropriate.</li> </ul>  | Dental Contractor   |                                |  |



|  | LAIIIDII A   | OCOI E OI WORK  |                                | 1   |
|--|--|---|--------------------------------|---|
| Objectives   | Activities and Subtasks  | Staff Assignment  | Timeline                       | Deliverables  |
| Include who, what, when, where, how and how much for each objective. | Indicate the activities and subtasks leading to the fulfillment of the objective. Include benchmarks or milestones in chronological order. Include the appropriate quantity or frequency of the associated activities or subtasks. | Indicate staff, consultants or subcontractors responsible for the respective activity or subtask. | Indicate start and end period. | Indicate Date Due.  |
|  | Progress:  |   |                                |   |
|  | 6.3 Develop workload reports to monitor progress in meeting workload objectives.   |   |                                |   |
|  | Develop format for monthly and year-<br>to-date workload reports to track clinic<br>visits by visit type, patient age, etc.  | HDHS Project Coordinator  | TBD                            | 6.3.a TBD : Draft workload report format.   |
|  | Review workload report format with     First 5 LA and incorporate input.   | HDHS Project Coordinator  |                                | 6.3.b. TBD : Final workload report format.  |
|  | <ul> <li>c. Complete monthly workload reports<br/>showing both monthly workload and<br/>aggregate year-to-date workload to<br/>monitor progress in achieving<br/>objectives.</li> </ul>  | Dental Contractor<br>HDHS Project Coordinator   |                                | 6.3.c. Monthly workload reports (due quarterly, by the 20 <sup>th</sup> business day after the close of each quarter) |
|  | Progress:  |   |                                |   |
|  | 6.4 Assess client satisfaction with dental services.   |   |                                |   |
|  | a. Develop a patient satisfaction survey.  | HDHS Project Coordinator<br>HDHS Assistant Administrator  | TBD                            | 6.4.a. TBD : Draft patient satisfaction survey.   |
|  | Review the survey with First 5 LA and incorporate input.   | HDHS Project Coordinator<br>HDHS Assistant Administrator  |                                | 6.4.b. TBD : Final patient satisfaction survey.   |
|  | Administer first biannual patient satisfaction survey and tabulate results.  | HDHS Project Coordinator<br>Dental Contractor   |                                | 6.4.c. TBD : Survey report.   |



|  |  | SCOPE OF WORK   |                                | 1   |
|--|--|---|--------------------------------|---|
| Objectives   | Activities and Subtasks  | Staff Assignment  | Timeline                       | Deliverables  |
| Include who, what, when, where, how and how much for each objective.   | Indicate the activities and subtasks leading to the fulfillment of the objective. Include benchmarks or milestones in chronological order. Include the appropriate quantity or frequency of the associated activities or subtasks.           | Indicate staff, consultants or subcontractors responsible for the respective activity or subtask. | Indicate start and end period. | Indicate Date Due.  |
|  | d. Administer second biannual patient satisfaction survey  Progress:   | Dental Contractor   |                                | 6.4.d TBD : Survey report   |
| 7. Provide treatment of identified dental needs as appropriate to children referred to the HDHS Dental Clinic, to increase from baseline the percent of children 0 through 5 years of age who receive therapeutic dental services (including fillings, extractions, and/or bonding).  Objective status:  IN-PROCESS COMPLETE DELAYED | 7.1. Provide therapeutic dental services, as indicated, within the scope of service available at the clinic.  Progress:  | Dental Contractor   | TBD                            | 7.1 TBD : Documentation in patient chart.   |
|  | 7.2 Develop workload reports to monitor progress in meeting workload objectives.  a. Develop format for monthly and year-to-date workload reports to track clinic visits by visit type, patient age, etc.                                    | HDHS Project Coordinator  | TBD                            | 7.2.a. TBD : Draft workload report format.  |
|  | <ul> <li>b. Review workload report format with First 5 LA and incorporate input.</li> <li>c. Complete monthly workload reports showing both monthly workload and aggregate year-to-date workload to monitor progress in achieving</li> </ul> | HDHS Project Coordinator  Dental Contractor HDHS Project Coordinator                              |                                | 7.2.b. TBD: Final workload report format.  7.2.c. Monthly workload reports (due quarterly, by the 20 <sup>th</sup> business day after the close of each |



|  | LAHIDH A   | SCOI E OF WORK  |                                |  |
|--|--|---|--------------------------------|--|
| Objectives   | Activities and Subtasks  | Staff Assignment  | Timeline                       | Deliverables   |
| Include who, what, when, where, how and how much for each objective.   | Indicate the activities and subtasks leading to the fulfillment of the objective. Include benchmarks or milestones in chronological order. Include the appropriate quantity or frequency of the associated activities or subtasks. | Indicate staff, consultants or subcontractors responsible for the respective activity or subtask. | Indicate start and end period. | Indicate Date Due.                                   |
|  | objectives.  |   |                                | quarter)   |
|  | Progress:  |   |                                |  |
|  | 7.3 Assess client satisfaction with dental services.   |   | TBD                            |  |
|  | a. Develop a patient satisfaction survey.  | HDHS Project Coordinator<br>HDHS Assistant Administrator  |                                | 7.3.a. TBD : Draft patient satisfaction survey.      |
|  | Review the survey with First 5 LA and incorporate input.   | HDHS Project Coordinator<br>HDHS Assistant Administrator  |                                | 7.3.b. TBD : Final patient satisfaction survey.      |
|  | Administer first biannual patient satisfaction survey and tabulate results.  | HDHS Project Coordinator<br>Dental Contractor   |                                | 7.3.c. TBD : Survey report.                          |
|  | d. Administer second biannual patient satisfaction survey  | Dental Contractor   |                                | 7.3.d. TBD : Survey report                           |
|  | Progress:  |   |                                |  |
| 8. By January 1, 2010, the HDHS Children's Dental Clinic will begin providing education to caregivers and children on oral health topics at all preventive | 8.1 Research and select material and/or software programs to be used to educate caregivers and children on oral health topics.   |   | TBD                            |  |
| dental services visits, to increase parents'/families' knowledge of early childhood oral health needs and milestones.                                      | a. Identify alternative educational material, including software programs.   | HDHS Project Coordinator<br>Dental Contractor   |                                | 8.1.a. TBD : List of alternative education programs. |
| Objective status:  | <ul> <li>Select materials and/or software programs to be used in the clinic.</li> </ul>  | HDHS Project Coordinator<br>Dental Contractor   |                                | 8.1.b. TBD : Selection of proposed educational       |



| Objectives   | Activities and Subtasks  | Staff Assignment  | Timeline                       | Deliverables   |
|--|--|---|--------------------------------|--|
| Include who, what, when, where, how and how much for each objective. | Indicate the activities and subtasks leading to the fulfillment of the objective. Include benchmarks or milestones in chronological order. Include the appropriate quantity or frequency of the associated activities or subtasks.         | Indicate staff, consultants or subcontractors responsible for the respective activity or subtask. | Indicate start and end period. | Indicate Date Due.   |
| ☐ IN-PROCESS ☐ COMPLETE ☐ DELAYED                                    | c. Review educational program or<br>materials with First 5.  | HDHS Project Coordinator<br>Dental Contractor   |                                | program or materials to be used in the clinic.  8.1.c. TBD : Finalize selection of proposed educational program or materials to be used in the clinic. |
|  | d. Procure educational material or software.  Progress:  | HDHS Project Coordinator  |                                | 8.1.d. TBD: Acquisition of materials or software and installation (if applicable).   |
|  | 8.2 Train dental clinic staff in use of educational materials and/or software program.  Progress:  | Software vendor (if applicable) Dental Contractor   | TBD                            | 8.2. TBD : Documentation of training.  |
|  | 8.3 Provide one-on-one education to caregivers and children at each preventive visit on oral health topics including development and prevention of tooth decay, brushing and flossing techniques, and nutrition, as applicable.  Progress: | Dental contractor   | TBD                            | 8.3. TBD : documentation in patient chart.   |
|  | 8.4 Develop and administer surveys to measure changes in parent/family knowledge of early childhood oral health needs and milestones.  |   | TBD                            |  |



| Objections   | ·  | SCOPE OF WORK   | Time aline                     | Dallaranakiaa   |
|--|--|---|--------------------------------|---|
| Objectives   | Activities and Subtasks  | Staff Assignment  | Timeline                       | Deliverables  |
| Include who, what, when, where, how and how much for each objective. | Indicate the activities and subtasks leading to the fulfillment of the objective. Include benchmarks or milestones in chronological order. Include the appropriate quantity or frequency of the associated activities or subtasks. | Indicate staff, consultants or subcontractors responsible for the respective activity or subtask. | Indicate start and end period. | Indicate Date Due.  |
|  | a. Administer baseline parent/guardian survey in the HDHS Medical Hub 3 months prior to dental clinic opening and quarterly for the first year after dental clinic opening.  | HDHS Project Coordinator<br>HDHS Medical Hub staff  |                                | 8.4.a. TBD: Baseline survey report.  Quarterly survey reports (due quarterly, by the 20 <sup>th</sup> business day after                            |
|  | b. Administer intake survey for parents/guardians of all new children's dental clinic patients for the first year of operation.      Progress:   | HDHS Project Coordinator<br>Dental Contractor   |                                | the close of each quarter).  8.4.b. Quarterly survey reports (due quarterly, by the 20 <sup>th</sup> business day after the close of each quarter). |
| Develop Evaluation Plan for project.                                 | 9.1 Continue to work with First 5 LA on revisions of the Evaluation Plan.  | HDHS Project Coordinator  | TBD                            | 4.5   |
| Objective status:  IN-PROCESS COMPLETE DELAYED                       | Submit drafts of Evaluation Plan to     First 5 LA for review, integrate First 5     LA feedback.  |   |                                | 9.1.a. TBD : Evaluation Plan drafts   |
|  | b. Submit final draft of Evaluation Plan     to First 5 LA for approval.      Progress:  |   |                                | 9.1.b. TBD : Final<br>Evaluation Plan   |
|  | 9.2 Develop data collection tool   | HDHS Project Coordinator  | TBD                            |   |
|  | Submit drafts of all data collection tools to First 5 LA for review, integrate First 5 LA feedback.  |   |                                | 9.2.a. TBD : Drafts of data collection tools  |
|  | Submit final draft of data collection tools to First 5 LA for approval.  |   |                                | 9.2.b. TBD : Final data collection tools  |



|  | <del>-</del>   | SCOPE OF WORK   |                                |   |
|--|--|---|--------------------------------|---|
| Objectives   | Activities and Subtasks  | Staff Assignment  | Timeline                       | Deliverables  |
| Include who, what, when, where, how and how much for each objective. | Indicate the activities and subtasks leading to the fulfillment of the objective. Include benchmarks or milestones in chronological order. Include the appropriate quantity or frequency of the associated activities or subtasks. | Indicate staff, consultants or subcontractors responsible for the respective activity or subtask. | Indicate start and end period. | Indicate Date Due.  |
|  | c. Meet with First 5 LA and other agencies involved in the First 5 LA Strategic Partnership to develop common data collection tools  |   |                                | 9.2.c. TBD : Common data collection tools   |
|  | Progress:  |   |                                |   |
|  | 9.3 Submit summary of evaluation activities with quarterly Progress Reports  Progress:   | HDHS Project Coordinator  | Quarterly                      | 9.3 Progress reports due<br>quarterly, by the 20 <sup>th</sup><br>business day after the<br>close of each quarter |
|  | 9.4 Develop Analysis Plan  | HDHS Project Coordinator  | TBD                            |   |
|  | Submit drafts of Analysis Plan to     First 5 LA for review, integrate First 5     LA feedback.  |   |                                | 9.4.a. TBD : Analysis<br>Plan draft   |
|  | b. Submit final draft of Analysis Plan to First 5 LA for approval.   |   |                                | 9.4.b. TBD : Final<br>Analysis Plan   |
|  | Progress:  |   |                                |   |
|  | <ul> <li>9.5 Develop Final Yearly Evaluation Report</li> <li>a. Submit drafts of outline to First 5 LA for review, integrate First 5 LA feedback.</li> </ul>   | HDHS Project Coordinator  | TBD                            | 9.5.a. TBD : Outline draft  |
|  | b. Submit final draft of outline to First 5<br>LA for approval.  |   |                                | 9.5.b. TBD : Final<br>Outline   |
|  | c. Submit Yearly Final Evaluation Report with summary abstract   |   |                                | 9.5.c. Nov. 2010*: Yearly Final Evaluation Report *By the 20 <sup>th</sup> business                               |
|  | Progress:  |   |                                | day after the end of  |



| Objectives   | Activities and Subtasks  | Staff Assignment  | Timeline                       | Deliverables  |
|--|--|---|--------------------------------|---|
| Include who, what, when, where, how and how much for each objective. | Indicate the activities and subtasks leading to the fulfillment of the objective. Include benchmarks or milestones in chronological order. Include the appropriate quantity or frequency of the associated activities or subtasks. | Indicate staff, consultants or subcontractors responsible for the respective activity or subtask. | Indicate start and end period. | Indicate Date Due.  |
|  |  |   |                                | contract year   |
| 10. Progress Reports   | 10.1 Submit progress reports that summarize and document activities conducted during each quarter (report period). Follow forthcoming progress report instructions.  | HDHS Project Coordinator<br>HDHS Assistant Administrator  | Quarterly                      | 10.1 Progress reports<br>due quarterly, by the 20 <sup>th</sup><br>business day after the<br>close of each quarter  |
|  | 10.2. Submit Year-End Progress Report summarizing activities conducted during the contract year. Include summary results such as cumulative year end numbers.  | HDHS Project Coordinator<br>HDHS Assistant Administrator  | TBD                            | 10.2 TBD *: Year-End<br>Progress Report  *By the 20 <sup>th</sup> business<br>day after the end of<br>contract year |



# ORAL HEALTH AND NUTRITION PROJECT **Budget Summary**

Agreement#

Champions For Our Children

Agency: LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

Agreement Period: <del>7/1/09 12/31/2010 /</del>

11/2010-7/3/12011

Project Name: HIGH DESERT HEALTH SYSTEM ORAL HEALTH PROJECT

|              | Cost Category                          | First 5 LA Funds | Matching  | Total Oxete |
|--------------|--|------------------|-----------|-------------|
| -            | Personnel                              | 0                | 96.236    | 98.238      |
| 7            | Contracted Svcs (Excluding Evaluation) | 15,000           | 351,950   | 366.950     |
| ೮            | Equipment                              | 270,661          | 0         | 270.661     |
| 벟            | Printing/Copying                       | 1,380            |           | 1,380       |
| ಬ            | Space                                  | 0                | 49,720    | 49,720      |
| ထ            | Telephone                              | 0                | 1,470     | 1,470       |
| 7            | Postage                                | 0                | 0         |             |
| Φ.           | Supplies                               | 0                | 29,000    | 29,000      |
| o            | Employee Mileage and Travel            | 0                | 0         | 0           |
| 9            | Training Expenses                      | 3,200            | 0         | 3,200       |
| plane<br>Ame | Evaluation                             | 0                | 0         | 0           |
| 2            | Capital Cost/Renovation                | 0                | 275,000   | 275,000     |
| 5            | Other Expenses (Excluding Evaluation)  | 9,759            | 0         | 9,759       |
| 7            | *Indirect Costs                        | 0                | 5,720     | 5,720       |
|              | TOTAL:                                 | \$300,000        | \$806.096 | \$1,109,097 |

6/1/2009 Pate S Fiscal Contact Person Agency Authorized Signature Tim Moore

Phone #

(661) 945-8362 (Tim Moore)

\*Indirect Costs MAY NOT exceed 10% of Personnel cost, excluding Fringe Benefits. Additional supporting documents may be requested

Program Officer Finance

First 5 LA Authorized Staff Only



Champions For Our Children

Section 1

Agreement# 07件(S

# Personnel

Agency: LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

Project Name: HIGH DESERT HEALTH SYSTEM ORAL HEALTH PROJECT

Agreement Period: 7/4/89 12/34/2019/C

21/2010-1/31/2011

38,335 23,593  $\bigcirc$ 0 0 Total Personnel Cost  $\bigcirc$  $\bigcirc$  $\bigcirc$ 0  $\bigcirc$ 0  $\Diamond$ TOTAL PROJECT PERSONNEL BUDGET 38,335 23,593  $\bigcirc$ 0 0 0  $\bigcirc$ 0 0 0 0  $\bigcirc$ 0 Matching Funds ø ¢ First 5 LA Funds Months to be Employed  $\stackrel{\circ}{\sim}$  $\frac{2}{2}$ % of Time on First 5 LA Project 100% 25% 3,195 5,243 ANNUAL First 5 LA Funds PROJECT PERSONNEL BUDGET Gross Monthly Salary HIP ᆫ L Patinet Registration Worker (Patient Resource Worker) Project Coordinator (Administrative Assistant III) Title/Name(s)

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED Indirect Costs may not exceed 10% of Personnel cost, excluding Fringe Benefits.

USE ADDITIONAL SHEETS IF NECESSARY

| \$96,236 | \$96,236  | S | Total Personnel | •                                       |
|----------|-----------|---|-----------------|---|
|          | 34,308.07 | ð | 55.40%          | *************************************** |
|          | 22,046    | O |                 | Other                                   |
|          | 4,768     | 0 |                 | MC                                      |
| 6,812    | 6,812     | 0 |                 | Health                                  |
| 62       | 62        | 0 | 0.10%           | ns.                                     |
| 619      | 619       | 0 |                 | FICA                                    |

61,928

61,928

Total Direct Salaries

Percentage

\*Fringe Benefits:

<sup>\*</sup>Fringe Benefits must be broken down by categories.



Section 2

Confracted Services

Agreement #\_\_\_

1/1240-7/3/1 るよう 3 of 11

Agency: LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

Project Name: HIGH DESERT HEALTH SYSTEM ORAL HEALTH PROJECT

Agreement Period: 7/4/09 12/34/2010 /

|  |  | The state of the s |                      |                       |
|--|--|--|----------------------|-----------------------|
| Contracted/Consultant Services   | RATE OF PAY AND FORMULA USED FOR<br>DETERMINING AMOUNT         | First 5 LA Funds   | Total Matching Funds | Total Contracted Svcs |
| Dental Contractor  | 2900 annual visits x's assumed Medi-Cal cost-based             | (15)000  | 332,862              | 347,862               |
|  | reimbursement rate of \$124,78/visit, less assumed average     |  | 0                    | 0                     |
|  | supply cost of \$10.00/visit.                                  |  | 0                    | 0                     |
| SOCIAL CONTRACTOR CONT | A000   |  | 0                    | 0                     |
|  | Note: This is a preliminary estimate for the Contract          |  | 0                    | 0                     |
|  | Dental Group cost. The cost will not be finalized until the    |  | 0                    | 0                     |
|  | contractor selection process has been completed and a          |  | 0                    | 0                     |
|  | contract has been negotiated. DHS is still in the process of   |  | 0                    | 0                     |
|  | confirming the projected Medi-Cal revenue that will be         |  | 0                    | 0                     |
|  | available to off-set the cost of the contract.                 |  | 0                    | 0                     |
|  |  |  | 0                    | 0                     |
| ,  |  |  | 0                    | 0                     |
|  | First 5 Funds will be used only to help off-set contract costs |  | 0                    | 0                     |
| Control  | during the initial start-up period, until the program becomes  |  | 0                    | 0                     |
|  | fully operational. DHS will be responsible for the ongoing     |  | 0                    | 0                     |
|  | contract costs.  | 0  | 0                    | 0                     |
|  |  |  | 0                    | 0                     |
| Housekeeping Servaies  | Allocation of contractor costs based on area square footage    | 0  | 8,844                | 8,844                 |
| Security Services  | 20% of the cost of the Security Guard assigned bo              |  | 10,244               | 10,244                |
|  | the building   | 0  | 0                    | 0                     |
|  |  | 0  | 0                    | 0                     |
|  |  | 0  | 0                    | 0                     |
|  |  |  | 0                    | 0                     |
|  |  |  | 0                    |                       |
|  |  |  | 0                    |                       |
| INSE ADDITIONAL SHEFTS IF NFCRSSARY  | Total Contracted Services:                                     | \$15,000   | \$351,950            | \$366.950             |



Section 3

Agreement# 07445

4 of 1

Equipment

Agency: LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

Project Name: HIGH DESERT HEALTH SYSTEM ORAL HEALTH PROJECT

2///20/0 - 73/20// - 19/01/64 - 5/31/// Agreement Period: - 74409 12/31/2010\_

| THE PROPERTY OF THE PROPERTY O |  | Москолонической подпостителения при  | NAME OF TAXABLE PARTY O |                  |   |  |
|--|--|--|--|------------------|---|--|
| Equipment description of item  | Quantity   | Unit Cost  | Total Equipment<br>Cost  | First 5 LA Funds | Matching Funds  | Total Cost   |
| Dental Operatories   | WOOD THE STATE OF  | A THE THE PARTY OF | THE RESIDENCE OF THE PROPERTY  |                  | AND THE REAL PROPERTY AND THE PROPERTY OF THE | NOVERTY CITY careful to any or equal termination of the second or the se |
| Dental Chair (Adec Cascade Radius 1040 Wiseamless upholstery)  | 3  | 7,610.33   | 22,831   | 22,831           | 0   | 22,831   |
| Large Reclangular Stainfess Steel Floor Box Frame and Cover  | က  | 222.94   | 699  | 690              |   | 699  |
| Delivery System for Dental Chairs (Adec Radius 2122)   | 3  | 3,835.61   | 11,507   | 11,507           |   | 109,11   |
| Second Handle with Pushbutton Arm Break for Delivery System  | 3  | 132.68   | 366  | 366              |   | 366  |
| Chair Touchpad, Programable (Adec)   | 3  | 205.54   | 617  | 719              | 0   | 219  |
| 4-Hole Vinyl Tubing (Adec)   | 6  | 321.92   | 2,897  | 2,897            |   | 2,897  |
| Central Island Cabinet (Adec)  | •  | 13,096.76  | 13,097   | 13,097           |   | 13,097   |
| Exam Lights, Mounted from Central Cabinet (Adec 6300)  | 2  | 2,586.08   | 5,172  | 5,172            |   | 5,172  |
| Exam Light, Wall Mount for Private Room (Adec 6300)  | 4  | 2,586.08   | 2,586  | 2,586            | 0   | 2,586  |
| Modular Assistant's Cabinet/Workstation (Adec 12:00 o'clock)   | က  | 00.908,8   | 20,418   | 20,418           | 0   | 20,418   |
| Assistant's Single 4-Position Holder Assembly (Adec)   | 8  | 2,271.79   | 6,815  | 6,815            | 0   | 5,815  |
| Doctor Stool (Adec 1601)   | c ·  | 694.91   | 2,085  | 2,085            | 0   | 2,085  |
| Assistant's Stool (Adec 1621)  | 8  | 808.01   | 2,424  | 2,424            | 0   | 2,424  |
| Water Quick Disconnect with Flow Control Valve (Adec)  | ·  | 48.94  | 49   | 49               | 0   | 49   |
| Autoclavable Syringe (Adec, Continental)   | 3  | 205.54   | 219  | 219              | 0   | 617.   |
| Handpieces   |  |  |  |                  |   |  |
| Shorty Single Speed Air Motor (Midwest)  | es.  | 959.18   | 2,878  | 2,878            | 0   | 2,878  |
| Straight Attachment for Shorty and Rhino XP (Midwest)  | 9  | 352.35   | 2,114  | 2,114            | 0   | 2,114  |
| Push Button Latch Type Head (Midwest)  | g  | 300.15   | 1,801  | 1,801            | 0   | 1,801  |
| Contra Angle Sheath (Midwest)  | 9  | 228.38   | 1,370  | 1,370            | 0   | 1,370  |
| Stylus Mini 540S Standard High-spead Handpiece (Midwest)   | Q.   | 1,258.24   | 7,549  | 7,549            | 0   | 7,549  |
| X-Ray Camera/Mounts  |  |  |  |                  |   |  |
| X-ray Camera (Planmeca Intraoral Wall Mount w/Long Arm - 77")  | 2  | 4,183.61   | 8,367  | 8,367            | 0   | 8,367  |
| X-ray Camera Pass-Through Mount (for Central Island Cabinet)   | -  | 352.35   | 352  | 352              | 0   | 352  |
| Digital Radiography  | дой наподалавания проговате разпортупа постора по поста по   |  |  |                  |   |  |
| CDR Sensor Size 0 (Schick)   | To the state of th | 4,567.50   | 4,568  | 4,568            | 0   | 4,568  |

| CDR Sensor Size 1 (Schick)                                      |           | 6,742.50  | 6,743  | 6,743  | 0  | 6,743  |
|---|-----------|-----------|--------|--------|--|--------|
| CDR Sensor Size 2 (Schick)                                      |           | 7,830.00  | 7,830  | 7,830  | 0  | 7,830  |
| USB Remote HS (Schick)  | 3         | 1,414.84  | 4,245  | 4.245  | 0  | 4,245  |
| USB Remote HS Cable, 2 Meter (Schick                            | 3         | 43.50     | 131    | 131    | 0  | 25     |
| EagleSoft Imaging   | ₹-        | •         | 0      | 0      | 0  |        |
| Equipment Room  |           |           |        |        |  |        |
| Office Utility Package (Air Techniques Air Star 30C/STS-5)      | -         | 13,050.00 | 13,050 | 13,050 | 0  | 13,050 |
| Remote Water Control Valve w/Filter, 24V (Air Techniques        | 7         | 909.15    | 606    | 606    | 0  | 606    |
| Nitrus Oxide System   | 0.000     |           | 0      | 0      | 0  | 0      |
| Portable System (Accultron Digital Newport Flowmeter System)    |           | 5,618.03  | 5,618  | 5,618  | 0  | 5,618  |
| Miscellaneous Small Instruments/Equipment                       |           |           |        |        |  |        |
| Reusable Instruments, Cassettes, etc.                           | -         | 33,712.50 | 33,713 | 33,713 | 0  | 33,713 |
| Handpiece Processing  |           |           |        |        |  |        |
| Handpiece maintenance system (Adec Assistina 301 Plus)          | -grann    | 2,037.98  | 2,038  | 860'7  | 0  | 2,038  |
| Cassette Autoclave (Sciscan Statim 5000)                        | duce      | 5,932.31  | 5,932  | 5,932  | 0  | 5,932  |
| Unitrasonic Cleaner With Basket (Whaled)                        | spece     | 1,728.04  | 1,728  | 1,728  | 0  | 1,728  |
| Sterilization   |           |           |        |        |  |        |
| Autoclave (Midmark M11-020 UltraClave Sterilizer)               | -         | 5,519.06  | 5,519  | 619'5  |  | 5,519  |
| 8' Sterilization Center (Adec ICC)                              | -         | 14,171.21 | 14,171 | 14,171 |  | 14,171 |
| Computer Hardware   |           |           |        |        |  |        |
| Server for Patient Education System                             | que       | 1,087.50  | 1,088  | 1,088  | 0  | 1,088  |
| Server (for Digital Radiography and Practice Management)        |           | 5,546.25  | 5,546  | 3/5/6  | 0  | 5,546  |
| Computers   | က         | 1,675.00  | 5,025  | 5,025  |  | 5,025  |
| MiniOperatory Computers   | ೮         | 1,848.75  | 5,546  | 5,546  |  | 5,546  |
| Monitors  | o         | 445.88    | 4,013  | 4,013  |  | 4,013  |
| Cleankeys Keyboard for Use in Operatories                       | m         | 433.91    | 1,302  | 1,302  | 0  | 1,302  |
| Misc. Computer Accessories/Software                             |           | 2,508.00  | 2,508  | 2,508  |  | 2,508  |
| Printers  | е         | 400.00    | 1,200  | (200   | 0  | 1,200  |
| Scanner   | 4         | 1,250.00  | 1,250  | 1.250  | 0  | 1,250  |
| Fax Machine   |           | 350.00    | 350    | 350    | 0  | 350    |
| Furniture   |           |           |        |        | дадада до да ученици на примененици на примененици на примененици на примененици на примененици на примененици |        |
| Wating Room Furniture (Beam Seating)                            | 20        | 150.00    | 3,000  | 3,000  | 0  | 3,000  |
| Various Waiting Room Furniture (TV, DVD, Bulletin Boards, etc.) | - Agranus | 800.00    | 800    | 800    | C C C C C C C C C C C C C C C C C C C  | 008    |
| Waiting Room - Furniture for Children's Area                    | -         | 1,000.00  | 1,000  | 1,000  |  | 1,000  |
| Office Chairs   | *         | 400.00    | 1,600  | 1,500  |  | 1,600  |
| Side Chairs   | æ         | 76.13     | 609    | 609    | 0  | 609    |
| Furniture for Education Room                                    | -         | 3,500.00  | 3,500  | 3,500  | 0  | 3,500  |
| Various Education room Furniture (TV,DVD,Bulletn Bords,etc.)    |           | 200.00    | 200    | 200    | 0  | 200    |

| Furniture - Dentists Office                                    | 4000 | 4,000.00         | 4,000     | 4,000     | 0  | 4.000   |
|--|------|------------------|-----------|-----------|--|---|
| Freight/Shipping Charges                                       |      |                  |           | O         | ANNA SERVICE OF THE PROPERTY O |   |
| Estimated Freight/Shipping for Equipment, Furniture, Computers | -    | 5,050.00         | 5,050     | 5,050     |  | 2,050   |
|  |      |                  |           |           | and the paper of the control of the  | entra para monora se ante del popular de consolia de premioni |
|  |      | Total Equipment: | \$270,661 | \$270,661 | 0\$  | \$270,661   |



Section 4

Printing Copying

Agreement# 07448

5 of 11

Champions For Our Children

Agency: LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

Project Name: HIGH DESERT HEALTH SYSTEM ORAL HEALTH PROJECT

13/01/04-5/51/11 Agreement Period: 71409-12/34/2010/

1,380 0 0  $\bigcirc$  $\bigcirc$  $\bigcirc$  $\bigcirc$ 0 Total Cost  $\bigcirc$  $\bigcirc$ 0  $\bigcirc$ 0 Matching Funds 1,380 Φ တ Total Printing Cost | First 5 LA Funds 1,380 0 0 115.00 Unit Cost Quantity 2 Printing/Copying include description eased Copier

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED USE ADDITIONAL SHEETS IF NECESSARY

\$1,380

0

Ç,

\$1,380

\$1,380

Total Printing/Copying:

0  $\circ$ 

ø O



Sections 5 & 6

Agreement # 6744S

Agency: LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

Project Name: HIGH DESERT HEALTH SYSTEM ORAL HEALTH PROJECT

Space & Telephone

16,333 33,388 \$49,720 Total Cost 0 0 16,333 33,388 First 5 LA Funds | Matching Funds \$49,720 0 16,333 33,388 0 0 0 0 \$49,720 Number of Months | Total Space Cost Total Space: 2 7 0.60 1.23 **Unit Cost** Footage/Quantity 2,256.00 2,256.00 Space include description, cost per square foot **Building Maintenance** Ullifies

| Telenhone Lines 7                 |  | 3807 III.  | Number of Months   | Number of Months   Total Phone Cost  | First 5 LA Funds Matching Funds | Matching Funds | Total Cost |
|-----------------------------------|--|--|--|--|---------------------------------|----------------|------------|
|                                   |  | 150.00   |  | 0.90°L   |                                 | 1,050          | 1,050      |
| Monthly Cost per telephone line 7 | 7  | 5.00   | 12   | 420  |                                 | 420            | 420        |
|                                   |  | And the district of the second control of th |  |  |                                 |                |            |
|                                   |  |  | Construction of the constr | Control of the contro |                                 | 0              | 0          |
|                                   | The second of th | CONTROL DOLLO CONTROL VANA MANAGORA POPULAÇÃO CONTROL CONTROL CANTROL  |  | 0  |                                 | 0              | 0          |
|                                   |  | THE PROPERTY OF THE PROPERTY O | COMPANIES NO CONTRACTOR OF THE |  | 0                               | 0              | 0          |
|                                   |  |  |  | 0  | ō                               | 0              | 0          |
|                                   |  | DODOICE BERTEIN BERTEI |  | 0  | 0                               | 0              | 0          |
|                                   |  | при  |  | 0  | 0                               | 0              | 0          |
|                                   | UNICHERONICANIA DE CONTRACTOR  | CONTRACTOR STATEMENT OF THE STATEMENT OF | Total Telephone:   | \$1,470  | S                               | \$1,470        | \$1,470    |



Sections 7 & 8

Agreement # 07445

Postage & Supplies

Agency: LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

Project Name: HIGH DESERT HEALTH SYSTEM ORAL HEALTH PROJECT

2/123/0-7/3/201/201/ 94/07/04-5/3/7/1/ Agreement Period: 7/4/09-42/3/2010\_A

Total Cost  $\circ$ 0  $\bigcirc$ 0  $\bigcirc$  $\bigcirc$ 0 Matching Funds First 5 LA Funds Number of Months | Total Postage Cost 0 \$0 Total Postage: Unit Cost Quantity Postage include description

| Supplies include description   | Quantity | Unit Cost | Number of Months | Number of Months Total Supplies Cost First 5t.A. Funds | 5 LA Funds | Matching Funds | Total Cost |
|--|----------|-----------|------------------|--|------------|----------------|------------|
| Medical & office supplies for dental visits  | 2,900    | 10.00     | 12.00            | 29,000   | 0          | 29,000         | 29,000     |
| , , , , , , , , , , , , , , , , , , ,  |          |           |                  | 0  | 0          | 0              | 0          |
|  |          |           |                  | 0  | -          | 0              | 0          |
| A CONTRACTOR OF THE CONTRACTOR |          |           |                  | 0  | 0          | 0              | 0          |
|  |          |           |                  | 0  | C          | 0              | 0          |
|  |          |           |                  | 0  | Đ          | 0              | 0          |
| A CONTRACTOR OF THE CONTRACTOR |          |           |                  | 0  | 0          | 0              | 0          |
|  |          |           |                  | 0  | C          | 0              | 0          |
|  |          |           |                  | 0  | Ð          | 0              | 0          |
|  |          |           |                  | 0  |            | 0              | 0          |
|  |          |           |                  | 0  | 0          | 0              | 0          |
|  |          |           |                  | 0  | 0          | 0              | 0          |
|  |          |           | Total Supplies:  | \$29,000   | \$0        | \$29,000       | \$29,000   |



Sections 9 & 10

8 of 11 Agreement # Page

Employee Mileage/Travel & Training Expenses

Champions For Our Children

Agency: LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

Project Name: HIGH DESERT HEALTH SYSTEM ORAL HEALTH PROJECT

Agreement Period: 7/1/09 12/31/2010 N thicks before

2/1/2010-7/3/12/1

| (married)  |   | 0  | 0 | 0  | 0  | 0   | 0  | 0   | To   | 0   | \$                             |
|--|---|--|---|--|--|---|--|---|--|---|--------------------------------|
|  | Total Cost                                  | OCONOMINATOR DE PROPERTOR DE PR |   | oppilaktion by the people properties has a clease account and common properties and a large and a larg | AND THE STATE OF T | WWW.vervorminates/Mindefeder/moneywy.co.inde. in access remainment transfer | STORY (And inhancementary reservoirs service) representation of a service of a serv | er von Kassa statische Andrea der Andrea Statische Statische Statische Von der Andrea Statische | photographic and the state of t | na pa esculo COO de dos COO que mismo de compaña de compaña de compaña de compaña de compaña de compaña de comp |                                |
|  | Matching Funds                              | 0  |   |  |  |   |  | 0   |  | 0   |                                |
|  | First 5 LA Funds                            |  | 0 | C  | o  | 5   | 0  | 0   | 0  | 0   | \$0\$                          |
|  | Total Mileage/Travel<br>Cost                | 0  | 0 | 0  | 0  | 0   | 0  | 0   | 0  |   | 0\$                            |
|  | Unit Cost per Mile                          |  |   |  |  |   | DESCRIPTION OF THE PROPERTY OF |   |  |   | Total Employee Mileage/Travel: |
|  | Mileage<br>Quantity                         |  |   |  |  |   |  |   |  |   | Total E                        |
| об Монтон от технология полительно по полительной полите | Employee Mileage/Travel include description |  |   | теления по поставления по поставления поставления поставления поставления поставления поставления поставления по   |  |   |  |   |  |   |                                |

| Training Expenses include description, # of people   | Quantify   | Unit Cost Per Training Total Training Cost First 5.LA Funds | Total Training Cost | First 5.LA Funds | Matching Funds | Total Cost |
|--|--|---|---------------------|------------------|----------------|------------|
| Practice Management / Digital Radiography Training (4 days)  |  | 3,200.00  | 3,200               | 3,200            | 0              | 3,200      |
|  | ANALASAS AMBRITAN PARA PARA PARA PARA PARA PARA PARA PA  |   | 0                   | 0                | 0              |            |
|  |  |   | 0                   | 0                | 0              | 0          |
|  |  |   | 0                   |                  | 0              | 0          |
|  |  |   | 0                   |                  | 0              | 9          |
| The second secon | DA ANDRON I I I I I I I I I I I I I I I I I I I  |   | 0                   |                  | 0              | 0          |
|  |  |   | 0                   | 0                | 0              | 0          |
|  | The state of the s |   | 0                   | 0                | 0              | 0          |
|  |  | Total Training Expenses:                                    | \$3,200             | \$3,200          | \$             | \$3,200    |



Section 11

Agreement # 0744S

90°

Evaluation

Agency: LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVIC

Project Name: HIGH DESERT HEALTH SYSTEM ORAL HEALTH PROJECT

2 (1 (23)0-7/3/ [20] rate/04-5/5/frt Agreement Period: 7/4/09 12/34/2010 A

 $\bigcirc$  $\circ$ 0 0 0 00 0 0  $\bigcirc$  $\bigcirc$ 0 Ş Total Cost  $\bigcirc$ 0  $\circ$  $\bigcirc$  $\bigcirc$ 0 0  $\bigcirc$ 0 0 0 0 Matching Funds \$ Total Evaluation Cost | First 5 LA Funds 0 0 9 0  $\bigcirc$ 0\$ Total Evaluation: Rate of Pay Quantity Evaluation Contracted Services



Section 12

Capital Cost/Renovation

Agency: LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVIC

Project Name: HIGH DESERT HEALTH SYSTEM ORAL HEALTH PROJECT

Page 10 of 11 Agreement# 07 445

2//2010 - 7/5//2014 74/01/04-5/344 Agreement Period: 74409-12/34/2010

| Capital Cost/Renovation | Quantity | Rate of Pay       | Total Evaluation Cost First S.LA Funds | First 5 LA Funds | Matching Funds | Total Cost |
|-------------------------|----------|-------------------|--|------------------|----------------|------------|
| Renovation Costs        | 2,256 SF |                   | 275,000                                |                  | 275,000        | 275,000    |
|                         |          |                   | 0                                      | 0                | 0              | 0          |
|                         |          |                   | 0                                      | 0.               |                | 0          |
|                         |          |                   | 0                                      | 0                | 0              |            |
|                         |          |                   | 0                                      | 0                | 0              | 0          |
|                         |          |                   | 0                                      | 0.1              | 0              | 0          |
|                         |          |                   | 0                                      | 0                | 0              | 0          |
|                         |          |                   | 0                                      |                  | 0              | 0          |
|                         |          |                   | 0                                      |                  | 0              | 0          |
|                         |          |                   | 0                                      | 0                | 0              | 0          |
|                         |          |                   | 0                                      | 0                | 0              | 0          |
|                         |          |                   | 0                                      | 0                | 0              | 0          |
|                         |          |                   | 0                                      | 0                | 0              | 0          |
|                         |          |                   | 0                                      |                  | 0              | 0          |
|                         | -        | Total Evaluation: | \$275,000                              | <b>S</b>         | \$275,000      | \$275,000  |

Sections 13 & 14

Other Expenses & Indirect Cost

Champions For Our Children

Agency: LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

Project Name: HIGH DESERT HEALTH SYSTEM ORAL HEALTH PROJECT

Agreement # 0 7445 11 of 11

21, 12010-7/31/2011 Agreement Period: 74/09 12/2010 AU

| Other Expenses include description   | Quantity   | Unit Cost             | Total Other Cost    | First 5 LA<br>Funds | Matching Funds   | Total Cost  |
|--|--|-----------------------|---------------------|---------------------|--|---|
| Dental Practice Management System  |  |                       |                     |                     | WAR WAS THE THE PROPERTY OF TH | Anadocumento esalzaderin nocial franchimi porrecondopropriedente propriedente del conferencia |
| Eaglesoft Multi-User   | - Grano  | 00.0                  | 0                   | 0                   | 0  | 0   |
| Eaglesoft SW Chart   |  | 891.75                | 892                 | 892                 | 0  | 892   |
| Input Device - 1 X 5 Signature Pad   | -  | 495.90                | 496                 | 496                 | 0  | 496   |
| Eaglesoft Clinical Support (service)   | 12   | 152.25                | 1,827               | 1,827               | 0  | 1,827   |
| Note: This is not an existing DHS system.  |  |                       |                     |                     |  |   |
| Patient Education Software   |  |                       |                     |                     | PROPERTY OF THE PROPERTY AND ADDRESS AND A |   |
| Casey Enterprise Multi-User  | ****   | 6,480.63              | 6,481               | 6,481               | 0  | 6,481   |
| Support Agreement  | - Control of the Cont | 64.16                 | 99                  | 19                  |  | 64  |
| Note: This is not an existing DHS system.  |  |                       |                     |                     |  |   |
|  |  |                       |                     |                     |  |   |
|  |  |                       |                     |                     |  |   |
|  | Total Of   | Total Other Expenses: | \$9,759             | \$9,759             |  | \$9,759   |
|  |  |                       |                     |                     |  |   |
| *indirect Cost include general purpose for this cost   | rpose for thi  | s cost                | Total Indirect Cost | First 5 LA<br>Funds | Matching Funds   | Total Cost  |
| Indirect Cost  |  |                       | 5,720               | 0                   | 5,720  | 5,720   |
| ***************************************  |  |                       |                     |                     | ***************************************  |   |
| engenen kepin del terretario del constitución del constit |  |                       |                     |                     |  |   |
|  | THE RESIDENCE OF THE PROPERTY  |                       |                     |                     |  |   |
|  |  |                       |                     |                     |  |   |
|  | Total  | Total Indirect Cost:  | \$5,720             | 0\$                 | \$5,720  | \$5,720   |

# First 5 LA Oral Health and Nutrition Project

Los Angeles County Department of Health Services High Desert Health System Oral Health Project 40/15/09 2010

### **Budget Narrative**

## First 5 LA Funds

#### 1. Contracted Services

Dental Contractor (\$15,000)

These funds will be used to off-set the cost of the dental contractor during the thirty-day start-up period prior to the opening of the clinic. During this period, contractor staff will be involved in various activities such as obtaining regulatory approvals, finalizing policies and procedures, developing protocols for the referral of children into the clinic, developing procedures for the referral of children requiring specialized dental services beyond the scope of the clinic, training in the use of the dental equipment, training in the use of the practice management system, and training in the use of educational software.

### 2. Equipment

Dental Equipment (\$226,774)

#### <u>Overview</u>

The pricing utilized for this budget were developed in consultation with Patterson Dental, a designated Los Angeles County agreement vendor for dental services. As an agreement vendor, Patterson extends specific discounts to the County for items covered in the purchasing agreement. Patterson has an established track record in providing dental equipment for other Los Angeles County dental clinics. In addition, they have provided dental equipment to other governmental clients, including the Veteran's Administration. Patterson has a local office near Los Angeles International Airport, and has representatives available to assist with planning coordinating the space modifications to ensure compatibility with the equipment

DHS intends to utilize Patterson as the vendor for this project due to the short implementation timeframe, Patterson's status as an approved Los Angeles County agreement vendor, the local accessibility of Patterson staff,

and the ability of Patterson to furnish multiple vendor products in a single integrated equipment solution. DHS will take the following steps to ensure that the proposed equipment is appropriate and is reasonably priced:

- The equipment proposed by Patterson will be reviewed with dentists from at least two other County dental clinics for appropriateness and completeness.
- The Los Angeles County Internal Services Department (ISD) oversees all large equipment purchases and administers all vendor agreements. A purchasing agent, experienced in the procurement of dental equipment, will review all proposed pricing to ensure that applicable discounts have been extended, and may negotiate further discounts where possible.

### Proposed Dental Equipment

Provided below is a description of the proposed dental equipment, based on quotations provided by Patterson Dental. For your reference, the quotations are included as an attachment to this narrative. In the budget, the sales tax of 8.75%, which is provided at the bottom of the quotations, has been added to each unit cost, to ensure that the sales tax is accounted for. A separate line item has been included in the equipment budget for estimated freight/shipping charges. The equipment pricing includes installation.

- Three (3) dental chairs with seamless upholstery and the floor box frame/cover. Delivery systems have been proposed for each chair which are adaptable to the left or right hand use. The delivery systems positions and power the various dental drills and other tools. Programmable touchpads are included for the positioning of the chairs. Required vinyl tubing is also included.
- One (1) central island cabinet unit is included. This is a large full-height cabinet that will divide a large open room and define separate spaces for two operatories. The cabinet will also include an end sink, storage for instruments and supplies, and will house a single x-ray camera which pass through to either side of the cabinet and be used in both operatories.
- Three (3) exam lights. Two of the lights will be mounted on the central island cabinet, in the open room, and the third light will be mounted on the wall in the private room.
- Three (3) 12'clock cabinets are included. These cabinets are positioned at the head of each dental chair and provide a work surface, supply storage, area, and computer workstation for the dentist and the assistant. The computer workstation can be used for electronic charting, and viewing of dental x-rays. The monitor position can be adjusted using a moveable track. An assistant's

- holder assembly is also provided for each cabinet to hold and connect the various devices used by the dental assistant.
- Three (3) dentist's stools and Three (3) assistant's stools.
- Three (3) autoclavable syringes which are used to administer Novocain or other numbing medications.
- Three (3) slow-speed dental hand pieces and six high-speed dental hand pieces and associated components are included (see quotation for specific information).
- Two (2) x-ray cameras. One camera will support the dental chairs in the open room and will be housed in the central island cabinet, and one camera will support the provide room and will be wall-mounted.
- The digital radiography system includes the Eaglesoft Imaging software, which is provided a no charge, and various size sensors (which are inserted in the patient's mouth to capture image and other system components that connect the sensors to the computer system for storage and viewing.
- An office utility package is included which includes air and suction. A dry-vac system has been specified, which significantly reduces water usage. This equipment will be housed in the equipment room and will connect to each dental chair.
- One (1) portable nitrous oxide system is included, which utilizes ecylinders. This system will be used in the private room for the delivery of nitrous oxide.
- Sterilizing and processing equipment includes one (1) hand piece maintenance system, one (1) cassette autoclave for hand pieces, one (1) ultrasonic cleaner, one autoclave sterilizer, and an ADEC 8' Sterilization Center. The sterilization center is a modular casework unit that houses and organizes the sterilization equipment to provide for efficient instrument processing.
- The budget includes an allowance of \$33,713 for the purchase of reusable dental instruments, cassettes for sterilization, and other small reusable equipment items.

# Computer Hardware (\$28,378)

#### Overview

Various computer hardware is required for the start-up and operation of the dental clinic. The pricing included in the budget was developed through a combination of information provided by Patterson Dental and by the High Desert Health System Information Systems Department. Los Angeles County maintains agreements with multiple suppliers of computer hardware. Prior to purchase, each hardware item will be further reviewed by the High Desert Health System Information Services Department to ensure that the best available pricing is obtained. Sales tax is included in the unit pricing.

### Computer Hardware

The proposed computer hardware will include the following:

- Three (3) desktop computers for use in the reception area, dentist's office, and the education room.
- Three (3) minioperatory computers for use in the dental operatories.
- One (1) server to house the digital radiography and practice management systems.

1.5

- One (1) server to house the patient education system.
- Nine (9) monitors. Each operatory has two monitors. One monitor is positioned to be viewed by the dentist and one by the patient, for educational purposes, when needed. The other three monitors are for the desktop computers identified above.
- Three (3) clean-key sealed keyboards for use in the dental operatories.
- Various components and software for the computers.
- Three (3) printers for the reception area, dentist's office, and education room.
- One (1) high-quality scanner to be used for scanning hard-copy documents into the electronic patient chart.
- One (1) fax machine

# Furniture (\$15,509)

#### Overview

Pricing for furniture the furniture items included in the budget are based on pricing for similar past purchases from a Los Angeles County agreement vendor for office furniture. Specific furniture plans will be developed with the assistance of a furniture vendor, as outlined in the scope of work. Sales tax and installation costs are included in the unit pricing.

## <u>Furniture</u>

These funds will be used to purchase furniture for the waiting room, dentist office, education room, and reception area. The waiting room will include both traditional attached-beam seating and a children's table area. The dentist office will be configured as a typical provider office suitable for the discussion of treatment and specialty referral options with the parents and guardians of children seen in the clinic. The patient education room will provide a private area for one-on-one education, away from the dental operatories. Reception area furniture will include seating for a receptionist and filing cabinets. Allowances have been included for televisions and DVD players, bulletin boards, trash receptacles, and other minor miscellaneous items required for the waiting area and education rooms.

# 3. Printing/Copying (\$1,380)

These funds will be used to lease a copier for the first twelve months of operation, at the cost of \$115.00 per month. The copier will be located in the clinic and will be used to support clinic operations, including the copying of patient education material, patient appointment reminders, clinic reports, etc.

# 4. Training Expenses (\$3,200)

These funds will be used for four (4) days of staff training for the dental practice management computer system and digital dental imaging system. Training will consist of 2 days for practice management, 1 day for charting, and 1 day for digital imaging. This training will include the configuration, implementation, and use of the systems. The digital dental imaging system will be the primary dental x-ray system for the clinic. The training will be provided on-site at the HDHS Dental Clinic.

The Patterson representative has confirmed that one day of initial training for all of the dental equipment will be provided at no cost.

# 5. Other Expenses

#### Dental Practice Management System (\$3,215)

The basic Eaglesoft dental practice management system is provided at no cost by Patterson Dental. The costs identified in the budget include the Easglesoft charting module, and input device for capturing patient signatures, and a twelve (12) month clinical support agreement. The practice management system is designed to automate and integrate traditional dental office functions, including front office and back office functions. Front office features may include scheduling, treatment planning, and referral tracking. Back office features include digital images and patient charting. This is not an existing DHS system.

# Oral Health Education Software Program (\$6,545)

These funds will be used to purchase an oral health education software program with a library of educational materials related to oral health which can be printed and in both English and Spanish and used to educate both children, age 0-5, and their parents/guardians. Pricing for the project budget is based on the Casey Enterprise System, which also includes multimedia capabilities. Alternative systems will be evaluated and reviewed

with First 5 LA prior to finalizing the purchase of a system. This is not an existing DHS system.

# **Matching Funds**

### 1. Personnel (\$96,236)

This includes the cost of one full-time Patient Registration Worker (Patient Resource Worker), with fringe benefits, for twelve months and twenty-five percent (25%) of the cost of the Project Coordinator (Administrative Assistant III) for eighteen months.

The Patient Registration Worker will be used to register and financially screen all clinic users. Registration and financial screening is very important to ensure that the clinic is reimbursed for all patients covered by Denti-Cal and other programs.

The Project Coordinator will coordinate start-up preparations, be responsible for administration and oversight for the dental contract, function as the liaison between the dental clinic and other High Desert Health system programs and services, and manage grant reporting requirements. Twenty percent (20%) of the Project Coordinator's time will be allocated for start-up preparations, administration and oversight of the dental contract, liaison activities, and grant reporting requirements. Five percent (5%) of the Project Coordinator's overall time will be allocated for evaluation activities, as outlined in the Evaluation Plan.

#### 2. Contracted Services

#### Dental Contractor (\$332,862)

Los Angeles County intends to contract with a qualified dental contractor, with expertise in children's dentistry, to staff and operate the clinic. The contractor will provide a dentist and all clinic support staff, including dental assistants and front office staff. This is a preliminary estimate for the contract cost. The cost will be finalized following the contractor selection process and contract negotiation.

# Housekeeping Services (\$8,844)

HDHS contracts for all housekeeping services. This represents the allocation of housekeeping costs to the dental clinic space based on the square footage to be occupied by the dental clinic.

# Security Services (\$10,244)

A full-time contract security guard is assigned to the clinic building where the dental clinic will be located. This represents 20% of the cost of the security guard.

## 3. Space

# **Utilities (\$16,333)**

This represents the cost of utilities for the HDHS campus pro-rated to the square footage that will be occupied by the dental clinic, using a rate of \$7.24 per square foot per year.

## **Building Maintenance (\$33,388)**

This represents the estimated cost for building maintenance, including interior and exterior maintenance and repairs and maintenance of major building systems. This estimate is based on an allocation of overall campus building maintenance costs using the square footage to be occupied by the dental clinic.

# 4. Telephones (\$1,470)

HDHS maintains a centralized telephone system that supports the entire campus. The cost for seven additional telephone lines for the Dental Clinic is included as a matching cost.

#### 5. Supplies

#### Medical and Office Supplies for Dental Visits (\$29,000)

HDHS has budgeted a cost of \$10.00 per dental visit for dental and office supplies. These will include supplies for both preventive and therapeutic visits, as well as any required laboratory tests. This estimate may be further refined following additional research and investigation.

#### 6. Evaluation (\$0)

The various activities and reports described in the Evaluation Plan will be performed in-house by the Project Coordinator (Administrative Assistant III). Five percent of the Project Coordinator's time will be dedicated to Evaluation activities. Because this function will be performed in-house, this cost is included in the Personnel section of the budget.

# 7. Renovation Costs (\$275,000)

This represents the cost of space renovations required to convert an existing oncology clinic suite into the dental clinic. This cost also includes the cost of relocating the Oncology Clinic to another campus building to make the space available for the dental clinic. Included in the renovation costs are demolition, framing and drywall, saw cutting the concrete slab floor to install utilities for the dental chairs, casework fabrication and installation, t-bar ceilings, electrical and data installation, plumbing, doors and hardware, painting, flooring, signage, and replacement of the air handling unit providing HVAC service to the dental clinic suite.

# 8. Indirect Cost (\$5,720)

This represents estimated overhead and administrative costs associated with the First Five LA program.

#### COUNTY OF LOS ANGELES

#### REQUEST FOR APPROPRIATION ADJUSTMENT

DEPT'S. 130 NO.

January 7. 2010

DEPARTMENT OF HEALTH SERVICES

AUDITOR-CONTROLLER:

THE FOLLOWING APPROPRIATION ADJUSTMENT IS DEEMED NECESSARY BY THIS DEPARTMENT. PLEASE CONFIRM THE ACCOUNTING ENTRIES AND AVAILABLE BALANCES AND FORWARD TO THE CHIEF EXECUTIVE OFFICER FOR HIS RECOMMENDATION OR ACTION.

#### ADJUSTMENT REQUESTED AND REASONS THEREFOR

FY 2009-10 4 - VOTES

#### SOURCES

ValleyCare Network - High Desert Health System MN3-HO-60050-94-9711 \$300,000 Non-Recurring MISC Revenue Increase Revenue

## USES

ValleyCare Network - High Desert Health System MN3-HO-60050-2000 \$300,000 Services & Supplies Increase Appropriation

SOURCES TOTAL: \$ 300,000

USES TOTAL: \$ 300,000

## JUSTIFICATION

Reflects an increase in grant revenue and Services and Supplies appropriation, in the amount of \$300,000, as a result of the acceptance of a First 5 LA grant award for the HDHS Hub Clinic Oral Health Program.



BOARD OF SUPERVISOR'S PPROVAL (AS REQUESTED/REVISED)

REFERRED TO THE CHIEF EXECUTIVE OFFICER FOR ---

ACTION

APPROVED AS REQUESTED

RECOMMENDATION

APPROVED AS REVISED

AUDITOR-CONTROLLER

CHIEF EXECUTIVE OFFICER

SEND 6 COPIES TO THE AUDITOR-CONTROLLER